STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN A MONTH 75 HOUR (TYPE OR PRINT) OF ESTI-.TAMES ORVILLE ADAMS 198 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS) F UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 84 10 - 1220 Male White 63 DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Allegany USA County WIDOWED . DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Cumberland Hospital Tool maker Memorial Abex Corp. HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 136/COUNTY Route #1, Box 1634 13c CITY OR TOWN 3d INSIDE CITY LIMITS? PA Bedford Hyndman 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Edna Orville Gaumer James Adams, 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 6141 Marie C. Adams same as above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE AND MENTAL HYGER DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [6] CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E3 SHOULD BE USI DEPARTMENT OF 11 PRIOR TO BURIA YES [] NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH THE STARTING SHIPLINGSE, MARYLAND, 2 220) certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian Natural causes death resulted fram: Suicide Hamicide Undetermined manner ACTUAL SIGNATURE MEDICAL EXAMINER Seton Drive, Cumberland, MD EXAMINER'S NAME Francisco Reves (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Near)_county Burial 22/84 Bedford, PA Cook's Mill Ceme. Hyndman 24. FUNERAL DIRECTOR 75 REGISTRAR'S SIGNATURE who Davidson Randall DHMH-17 John J. Hafer. Jr. LaVale, MD (VR A15 ME (5) 15M 2/80

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model strong and state of the s YEAR SYSTEM BYANA OTUTE HAA, 218-34-4573 MR. TANE, ADAMS, W.O. BOTC 144, BCKHARL, MR. BURIAL 1/2/26/84 SCHOOL CENERAL CONTROL ATTECHNO .OI Start St. Talk St. T. Mark 2 B Wed | कार्याक्षेत्र स्थापित कार्याक्ष

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	13a.	aryland Alle	JNTY 13C CITY C		134. INSIDE CITY LIMITS	215 S. I	zip code Lee St	reet	21502
- Committee		Abraham		iksel	15. MOTHER'S MAIDEN	OWN		LAS	т
event, the medical	160 \	VAS DECEASED EVER IN U.S. A YES, NO OPLINKNOWN) (IF YES, G	IVE WAR ORD ATEST	74-4983	Carol Da	vis, Cumber			21502
any injury, or other traumatic	ATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 196. CONDITION FOR:	NSEQUENCE OF		T D'se au RMINAL DISEASE OR CON 1200 AUTOPSY?	DITION GIVEN		
2 %	CERTIFICATION			WHICH OF EXAME		YES NO	IN CERTIFYIN	G CAUSES	
state Dept. at Health and Mental Hy NT: If Hem 21 is marked or Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFE EITHER, NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK AT WORK 220. I certify that (I) (this hosy saw the deceased alive a above, (I) (we) (did) (did of 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY. pital) ottended the deceased an account view the body after death 7. Manual C.	OFFICE, FARM ETC)	211. LOCATION STREET		wn 19_ ate and haur an	COUNTY A fram the 22c. DATE	
with the S	23a	ROBUSTANO BURIAL, CREMATION, REMOVA SPECETOR BURIAL	AL 236 DATE		EMETERY OR CREMATOR	CITY OF TOWN		DUNTY	STATE
OM 4/83		UNERAL DIRECTOR	March 9,84 Kight, Cumi		25a. E	Pk Frostbu DATE REC'D. BY REGISTRAR AR 15 1984		S SIGN	TY, MC

VaspellA barynast Cumberland ... Allegany County Nursing None Loude Wild Dan Home Maryland Alegony Comburlend A 215 J. Lee Street 21502 Abraham Mincoln Mikeel SIZ-74-45-63 Janol Davis, Cumberland, id. 21502 A CAPACITA DE LA COMPANIA DE LA CAPACITA DEL CAPACITA DE LA CAPACITA DEL CAPACITA DE LA CAPACITA DEL CAPACITA DEL CAPACITA DE LA CAPACITA DE LA CAPACITA DE LA CAPACITA DEL CAPACITA DEL CAPACITA DEL CAPACITA DEL CAPACITA DE LA CAPACITA DEL CAPAC Burkal Rarch 2,84 From English Et. Frontburg, allegany, ald. - William G. Kighe, Cumberland, Bd. | Midt Dall

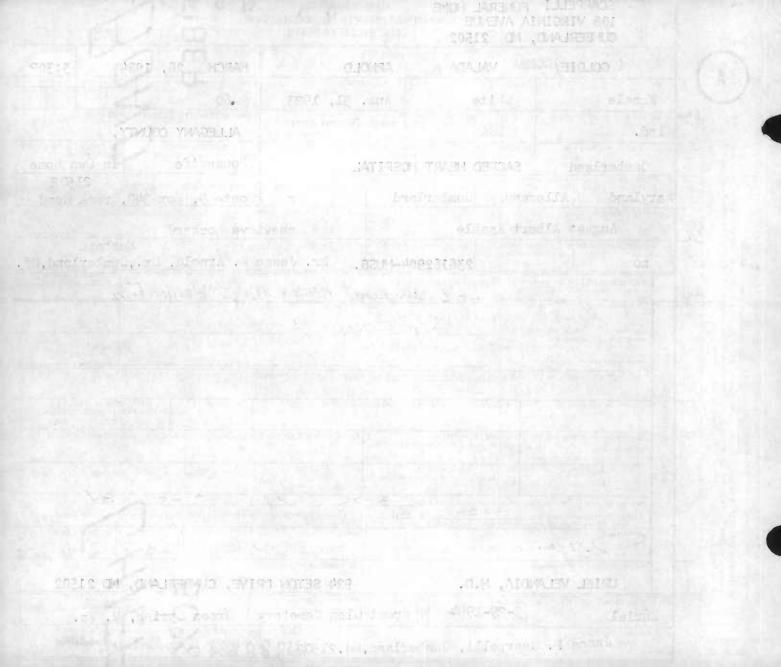
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2n. DATE KNOWNXX ESTI-(TYPE OR PRINT) OF Annie B. Anderson DEATH MATED 19 3 SEX 4 RACE 6. AGE (IN YEARS) 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. DATE 7d HOUR LAST BIRTHDAY PRONOUNCED 1908 Female. White 12 17 1.84 March 25 DEAD 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Land U.S.A. Allegany County DIVORCED WIDOWED ES 1, 2, AND 3 TO THE FL PM 3. RETAIN PAGE 5 ND 2 SHOULD BE FILED, WALL RECORDS, 201 W. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Celanease Residence Labor South 36 Lonaconing USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Mary Land Rt. 35 Box 48 Allegany Lonaconing 13d INSIDE CITY LIMITS? YES T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST DIVISION OF WE Waldo Broadwater Bertham Green 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) Mr. Alex Anderson National 212-12-8770 no Md. 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c), APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Arteriosclerotic heart disease AND MENTAL HYGIEN ATION, OR REMOVAL IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF TRANSIT Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEN lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURNAL. YES [] 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE 220 | certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted fram Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE Deputy MEDICAL EXAMINER EXAMINER'S NAME Giovanni Mastrangelo, M.D. 900 Seton Drive. Cumberland MD21502 ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIFY Laurel Hill Cometery COUNTY STATE Burial 1-20-04 BP Moscow Mills Allegany Md 24 FUNERAL DIM C'D. BY REGISTRAR **DHMH-17** Boals Funeral Service Westernport, Md. 21562 (VR A15 ME (5) 15M 2/80

STATE OF MARYLAND

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Justic Business - 20-04 to the Company of the Sound Film at severy 20.

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yes 1		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATEST	SECURITY NO.	17. INFORMANT	ADDRE	nusband	
on and or Poges		no	2 3616	2904-HUS	B. Mr. Jess	e E. Arnold	, Sr., Cumber	rland.
requires that the consigned by the control please remained to the burial, cremainly, ar ather trivingury, ar ather the	NOIL	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CON		NOT RELATED TO THE TERM	INAL DISEASE OR CON		
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HMH - 16 50M 4/83 (VRA 15, 4)	24 Ft	DINERAL DIRECTOR NAME James F.	Scarpelli, Cûi	berland	Md.2150 AR 2		25h REGISTRAR'S SIGNA Laurdson-Rond	



40	1	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLAND : EALTH AND MENTAL HYO ICATE OF DEATH	GIENE	S REG. NO.	84-	-05	905		
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MARYLA ed within ond 2 sh)//	14. FA	THER'S NAME		Bagatti	LAS	ī	15. MOTHER'S MAIDEN NA		nti		LAST			
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IMORE oe execute on and of		,,	No	(# 163, 011	e was on Dates)	214-0	5-8871	Mrs. Mary A	nn Ba	gatti,			Md.Wife		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the deoth certificate be executed within 24 hours ratending physician. When this certificate has been signed by the attending physician and campletely filled in by as the burial-tronsit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled in than all Angiene prior to buriol, ar removal.	y, or ather traumatic even	y, or ather traumatic even	ry, or ather traumatic eve		Conditions, if ony, gove rise to imm cause (a), statin underlying cause	which nediote g the lost.	(b) DUE TO, O	R AS A CONS	SEQUENCE OF SEQUENCE OF	COPD NOT RELATED TO THE TER/		SE OR COND	HON GIVEN IN	PART Ito	
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TO HOSPITAL TO FUNERAL I Should be detoo with the State I MADOPTANT.	A A		22d. PHYSICIAN'S NA					22e ADDRESS Memor	cial Ho	ospital	Med. B	1dg.	* /		
o Ho Shoul	1		Dr. Sahi							MD 21	502				
BP		23a. B	URIAL, CREMATION, Burial	REMOVAL	3-21-	84		EMETERY OR CREMATORY Memorial Pai	CI	ATION IY OR IOWN	nd, All	NIY OCCUPANT	STATE Md.		
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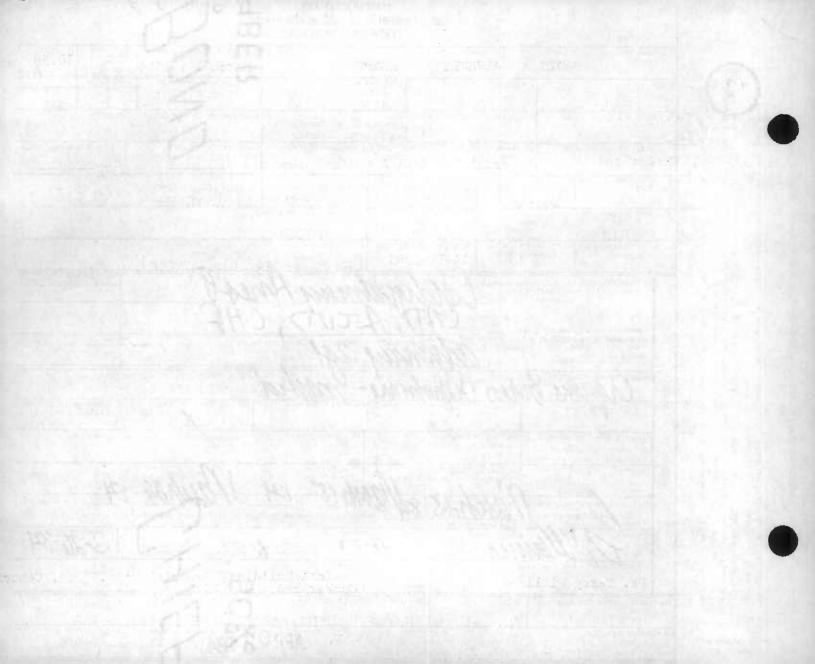
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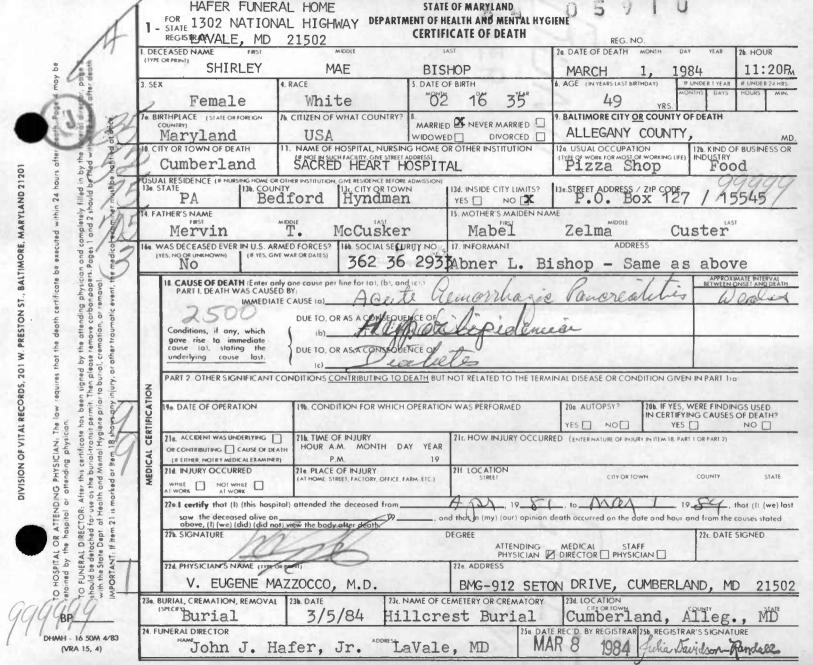
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1	1.	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 059	280
(4)		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUD: I
	(146)	Le	o C.	Beckman	March 14, 1	1984 P.,
ge 4 mm	3. SE	x Male	1. RACE White	5. DATE OF BIRTH MONTH DAY OI OR 1927	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
erol dire		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTY		9. BALTIMORE CITY OR CO. Allegany	UNTY OF DEATH
by the fur filed within		umberland	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST Memorial	ISING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK - A BORE R	126. KIND OF BUSINESS OF
24 have	USU 13a		ME OR OTHER INSTITUTION GIVE RESIDENCE BE OUNTY 136. CITY OR T		13e STREET ADDRESS / ZIP	
ompletely ond 2 sh	C	OURTHER'S NAME FIRST OURTHUM	MIDDLE BECKM	AN Stell	MIDDLE	Gauer
on and co			ARMED FORCES? 166 SOCIAL SI S. GIVE WAR OR DATES) 213-22	111	Kma~	SOX 383 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the death certificate be ned by the attending physicia please remove carbon papers. uviol, cremation, or removal.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c)	Hypertension He	e e la vanted L'Avanic Minal disease or condition	N GIVEN IN PART 11a
n. no been sig permit. Then ne prior to b	CERTIFICATION	19a. DATE OF OPERATION	Defetic Nephat	orly American was performed	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
PHYSICIAN: The ending physicio this certificate be burial-transit ad Mental Hygie dor frem 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN IT	
or offer this of steel of the s	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFF	CE, FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
or us or us of He		saw the deceased olive abave, (1) (we) (did) (di	ospital) attended the defeased ro e on 3/14/11 d nat) view the body after death	9 84 , and that in (my) (our) apinian	deoth accurred an the date on	, 19, that (1) (we) last d have and from the couses stated
by the hosp ERAL DIRECT se detached f State Dept. o		226. SIGNATURE	the !		DIRECTOR PHYSICIAN	
etoined by the TO FUNERAL should be det with the Stote		Dr. Kanjit			rial Hospital Derland, MD 2	Med. Bldg
BP		BURIAL, CREMATION, REMO (SPECIFY) UNERAL DIRECTOR	VAL 236. DATE 3/17/84 2	Philos energy Philos energy [250 DA	23d LOCATION CITY OR TOWN TE REC'D. BY REGISTRAR 22. RI	T. COUNTY ATE
MH - 16 50M 4/83 (VRA 15, 4)		Boas Fur	Level Sorina	to Henry of MAR 2	1984 Julia Davi	don-Randalla

SERVICE AND ESTATE AND THE TOTAL A PROBLEM AND Country of the state of the state of

/	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	
:0		CEASED NAME FIRST SADIE	ALVERTA	BENDER	March 26, 1984	YEAR 26 HOUR 10:58
(4)	3. SE	_	4. RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF (INDER I YEAR IF UNDER 24 H
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY			DEATH
he form		PENNA ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED USING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS INDUSTRY
The same of	ÜSÜ	nberland ALRESIDENCE (IF NURSING HOME OF TABLE 1136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	et ADDRESS) Lal & Medical Cente	HUUSEN	IFE
he 24 h			EGANY 13- CITY OR TO		110 C STREET C	1502
1 40		WILLIAM	ENRY SUDER	MATILDA	ADDRESS	GEIGER
Popes		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b. SOCIAL SECULATION (NEW WAR OR DATES) 214-12-			ALE, MD.
or been righed by the period of the period o	CERTIFICATION	couse (or, stating the underlying cause lost. PART OHER SICHUFICAST THE DATE OF PERATION	DUETO, OR (C)	DOEATH BUT NOT VE ATED TO THE SERVICE TO THE SERVIC	THE AUTOPSY? 206 IF YES, W	VERE FINDINGS USED NG CAUSES OF DEATH?
Thomas The	100	71s. ACCIDENT WAS UNDERLYING DRICCHTERUTING [] CAUSE OF D OF EDIES, NOTES AND ALEXANDE	HOUR A.M. MONTH	DAY YEAR	IRRED (INTERNATION OF FIGURE IN THE IS FORT	and the state of t
S Person or the control or the burn	MEDICAL	THE INJURY OCCURRED	PLACE OF INJURY	711 LOCATION	Martine	COUNTY STATE
TENDIN one of or		22s I certify that (I) (this has saw the decidend alive of	- II WWIOO	and that in (my) (nor) opinion	in death occurred on the date and hour in	that (I) (we)
TAL OR AL TY the book RAL DIREC detuched use Dept		77h. SIGNATURE	vinus	PHYSICIAN	MEDICAL STAFF DIRECTOR □ PHYSICIAN □	3-26-82
Trained by the state of the sta		Dr. Terry Wil	liams	Medical Bui Cumberland,	llding, Memorial Ho MD 21502	sp.& Med. Co
BP	23e.	BURIAL, CREMATION, REMOVA (SPECIEY) BURIAL		NAME OF CEMETERY OF CREMATORY	PK CLIMBERI AND AL	OUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR		DECATUR ST. APP	O 2 1984 And a Davidso	r's signature





CATHERN TOWN TOTAL Day In adapt Bedgord Santang x F.O. Box San Asten common variety - respectively respectively relative stode as small - codelli . I seme se codere V. EXCESS MAZZORGO, N.O. PAG-COIR SHOOK DELVE, COMBUSLAND, NO 21507 fell product and a recommendation

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STATE OF MARYLAI

FOR DEPARTMENT OF HEALTH AND M

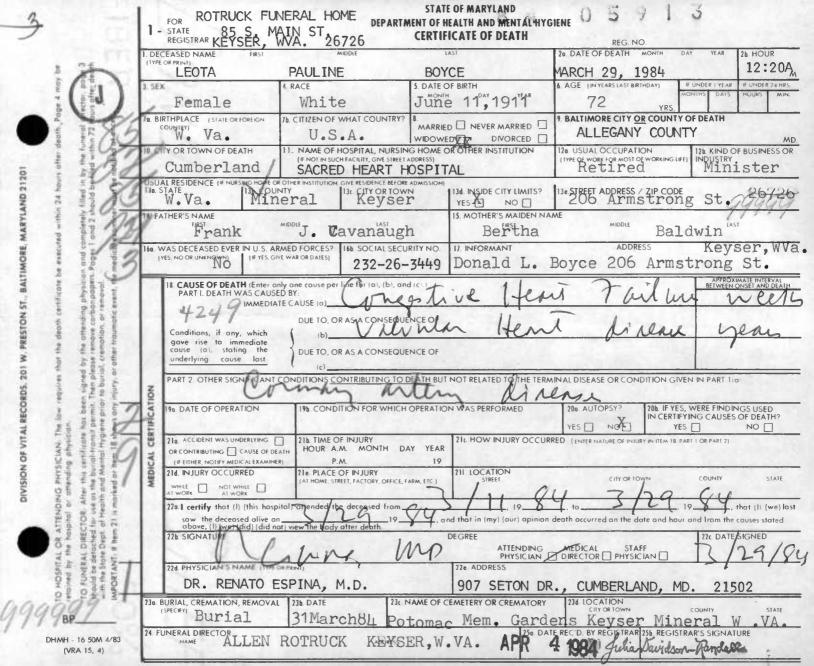
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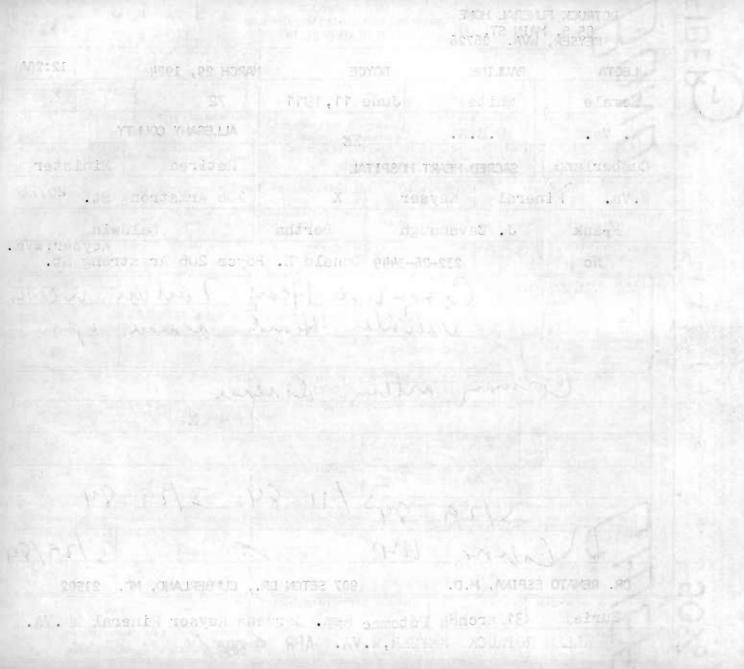
Н	1-	REGISTRAR			CERTIF	ICATE OF DEA	ATH	REG. N	o .			
1		CEASED NAME FIR	RST	MIDDLE	ı	AST				DAY YEAR	26. HOUR : 20	
4	(IIII)	ALEV	TA	BELLE	ВС	ND		March 24,	1984		Р. м	
-	3. 5E X	(4. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS	
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		RTHPLACE (STATE OR FOREH	GN 76 CITI	ZEN OF WHAT COU	NTRY? 8 MARRIE	D NEVER MAI	RRIED 🗆	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
2	100	W.VA		U.S.A.	WIDOWE				1egan		MD.	
9	10, CI	TY OR TOWN OF DEATH		AME OF HOSPITAL, N NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITU	NOITU	128. USUAL OCCUPATI	F WORKING LIF	E) INDUSTRY	OF BUSINESS OR	
	TISTIA	Cumberland		Memorial F				KECORD SE	CERTA	RY URED	IT BUREAU	
5	13a. S		COUNTY	13c CITY O		13d. INSIDE CITY		130 STREET ADDRESS A		AVENUE	BOOTH)	
1		THER'S NAME	WIDDLE	LA		15 MOTHER'S M		WIDDIE WIDDIE		1.45	TOTTLENO	
		C	1.1	n	NHOLD	FI	IZABEI	TH MAE		Cî	TLIP	
Ø.		VAS DECEASED EVER IN L	J.S. ARMED FO		L SECURITY NO.	17 INFORMANT	-	ADDRE	SP.0.	BOX 35		
		NO					KEINHO					
		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter anly ane o	ause per line far 10),	(b), and (c).)	0121	- 4	· ADV A	0001-	BETWEEN	MATE INTERVAL ONSET AND DEATH	
			MEDIATE CAUS	SE (a) CA	KDIO	- 1-01	MON	THRY H	PRES,	/		
	100	7160	DU	JE TO, OR AS A CON	SEQUENCE OF	1.2 1/1	OV	KAARC	MALL	1		
П		Canditians, if any, who gave rise to immedi		(b) 7	PULI	10 NF	7	ENISC	45			
		cause (a), stating		JE TO, OR AS A CON	ISFOUENCE OF	MIND	VI	LYDERTA	-6/010	/		
				(c)	MICHIE	1/2/1	M					
	Z	PART 2 OTHER SIGNIFIC	CANT CONDIT	IONS CONTRIBUTIO	IG TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION GIV	EN IN PART II	3.	
7	CERTIFICATION	19a DATE OF OPERATION	7 191	CONDITION FOR V	N WAS PERFORM	NED	20s AUTOPSY?	20b. IF YES	S, WERE FINDIN	NGS USED		
1	TIFIC	E. Berlin					YES NO		YING CAUSES	OF DEATH?		
0	8	210. ACCIDENT WAS UNDERLY	tered	TIME OF INJURY	H DAY VEAD	21¢ HOW INJU	RY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)		
1	4	OR CONTRIBUTING CAUS	E OF DEATH	P.M.	19							
	MEDICAL	216 INJURY OCCURRED	21e	PLACE OF INJURY	Office from FIG.1	211 LOCATION		CITY OR TO	WN	COUNTY	STATE	
	2	WHILE NOT WHILE		HOME, SIREET, FACTORY,	OFFICE, FARM, ETC.)	37,621						
		220 I certify that (I) (this	s hospitol) otto	ended the deceosed	from	,	19	, to		19	that (I) (we) last	
		saw the deceased alive an, and that in (my) (aur) apinion death accurred an the date and haur an above, (1) (we) (did) (did not) view the body after death.									causes stated	
		226. SIGNATURE	On	~		DEGREE	ENIDALO	ALEBICAL STA		22c. DATE	SIGNED	
1		~ ~	_	- 1.02	PH		MEDICAL STA	CIAN	>	20/84		
		224. PHYSICIAN'S NAME				77e ADDRESS		ial Hospita			ilding	
		Dr. Qamar	Zaman				Cumbe	erland, MD	21502			
		SPECIFY) D	1.0	DATE OT OL		EMETERY OR CRE	MATORY	23d. LOCATION		COUNTY	STATE	
		BURIAL	Y	AR 27,84	SUNSET	MEMORIAL	PARK	LUMBERLAN		EGANY P	ARYL AND	
	24 FU	UNERAL DIRECTOR	_	AD	DRESS 404 DE	CATUR ST	AAD O	REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE	
	15	II COX-LERRIT	T FUNER	RAL SERVIC	E. CUMBER	AND MD	MAL S	y TURA Gus	a Varial	NE 20 10		

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-1984 SR. JAMES ARTHUR BROWN DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR PRONOUNCED March 0102_M MONTH LAST BIRTHDAY MALF CAUCASIO 06 26 28 To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH GIVE PAGES 1, 2, AND 3 TO THE FUNER THE FORM PM 3. RETAIN PAGE 5 FOR PAGES I AND 2 SHOULD BE FILED, WITH VISION OF WITA! RECORDS, 201 W. PRE MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland USA Allegany DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Retired (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY U.S.Army Reg CUMBERLAND MEMORIAL HOSPITAL USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Route 9. Box 210 . Hinkle Road MARYLAND ALL EGANY CUMBERI AND YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Leroy Brown LAST Edna Ruth nmn 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS PERMIT. PAGES 1 (YES. NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Korean 235-30-0710 Mrs. Nora K. Brown. Route 9. Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY A. S. C. V. D. DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WOKU - PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIBALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL YES 🗌 NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED III. LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN WHILE COUNTY STATE NOT WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy death resulted fram Natural causes Hamicide Undetermined manner ACTUAL SIGNATURE MEDICAL EXAMINER Dr. Francisco Keyes Sacred Heart Hospital, Cumberland, Md. EXAMINER'S NAME (TYPE OR PRINT) 23g, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIFY) La Vale. Restlawn Mem. Gardens "llegany, 3-24-1984 Burial BP. 24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. 2150 AR 2 **DHMH-17** (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND

TOTAL 1881 .12 42700 SELTER COPYLIFE CHARLES delle lotte lov. 10, 1915 68 ALLET WILL COUNTY. Custodiam . Neupaper Co. MD Allegamy LaVele A 545 Haryland St. 21502 Thomas E.F. Chandler, Sr. Florence Ho. Elegroys Eleanor S. Chandler LaVale, HD Action forthe assenger. one plants was evaluation. Therefore, he of the Y. RULL PILIFF, M.C. Surral Lar. 24, 1964 Rostlawn Mos. Car. bavale Allegeny Hill William G. Kight Gumberland, but Land . Dummilliam

202 Greene Street-Cumberland, Maryland

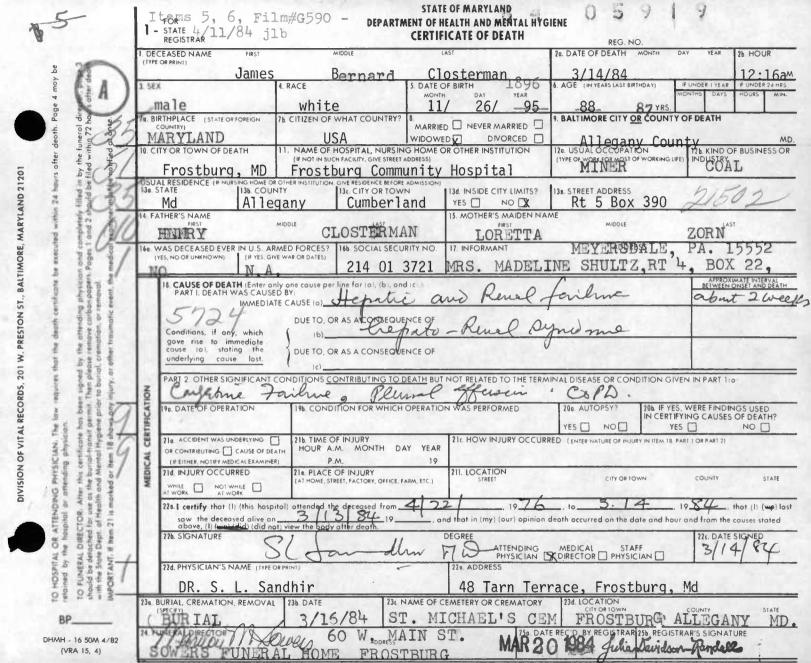
STATE OF MARYLAND

GEORGE-UPCHURCH F.H.

DIVISION OF VITAL RECORDS,

(VRA 15, 4)

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		FOR STATE				MENT OF	HEALTI	MARYLAN H AND ME	NTAL H		5 9	20)	
-		REGISTRAR		MED		EXAMIN	NER'S	CERTIFIC	ATEO		REG.			
1		CEASED NAME E OR PRINT)	Georg	re T	MIDDLE		C	burn			TE KNOWN OF ESTI- ATH MATED		DAY YEAR	
(REE	3. SEX		RACE hite	5. DATE OF BIRTH	YEAR	6. AGE (IN Y	EARS IF UI		IF UNDER	MIN. PRON	ATE OUNCED	MONTH	DAY YEA	
50	1			Aug.4,1			RS.				EAD		13 1984	
り	/a Bi	RTHPLACE (STATE REIGN COUNTRY) aryland	OR	USA	AI COUN	TRY?		NED INEV	ER MARRIE	DU	llegan		TY OF DEATH	MD
2		tyortown of Cumberlar	nd		ed He	reet address) eart H	ospi		ION	12a. USUAL O	CUPATION (WORKING LIFE) Firema	TYPE OF WORK	126 KIND OF OR INDU: Tire	BUSINESS STRY
らるっちん	13a S	AL RESIDENCE (IF II TATE aryland	13b COUNT	R OTHER INSTITUTION, GIV TY egany	13c. CITY	OR TOWN		13d. INSIDE CIT	Y LIMITS?	13e. STREET AI	8, Boy	wmans I	2] Additio	L502
1	14. F/	ATHER'S NAME FIRST Geo	rge J.	Coburn		LAST		15. MOTHER	Hele	n E. L	ash bau	gh	LAST	
	16a V (Y	VAS DECEASED EV ES, NO, OR UNKNOWN) Yes	VER IN U.S. ARA	MED FORCES? WAS ORDATES! 1962		IAL SECURI 3-38-0		Mrs.		en Cobu	rn, Cur		nd,Md.	Wife
HEALTH AND MENTAL HYGIENE, DIVISION OF WARK I, CREMATION, OR REMOVAL.	NO	gave rise cause (a) sta lying cause l	if any, which to immediate thing the <u>under-</u> ast.	OBY: TE CAUSE (a) Art DUE TO, OR DUE TO, OR (c) CONTRIBUTING TO DEATH	AS A CON	SEQUENCE	OF OF							
1	CERTIFICATION	196. DATE OF OP	ERATION	196 CONDIT	ION FOR	WHICH OPE	RATION V	VAS PERFORA	AED?				20 AUTOPS	
1 PRIOR TO BURIAL,	MEDICAL CER	216 EXTERNAL C UNDERLYING CONTRIBUTING	OR CAUSE OF D	21b. TIME OF HOUR A.M. DEATH P.M.	MONTH	19	R		OCCURRED	ENTER NATURE	of injury in item	A 18 PART 1 OR PA	ART 2}	
	MED	214 INJURY OCC WHILE NAT WORK		STREET FACTO				STREET	Lb	CITY	OR TOWN	со	PUNTY	STATE
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James F. Scarpelli, Cumberland, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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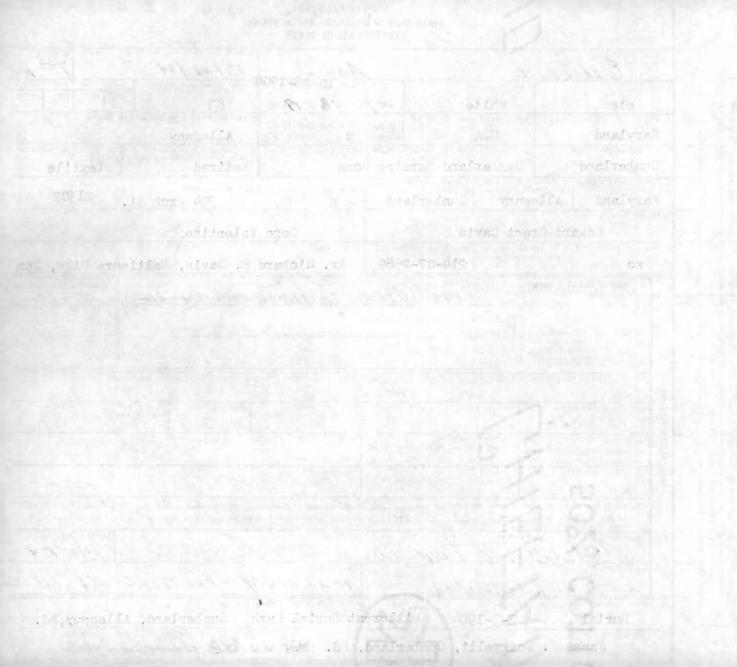
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(VRA 15, 4)

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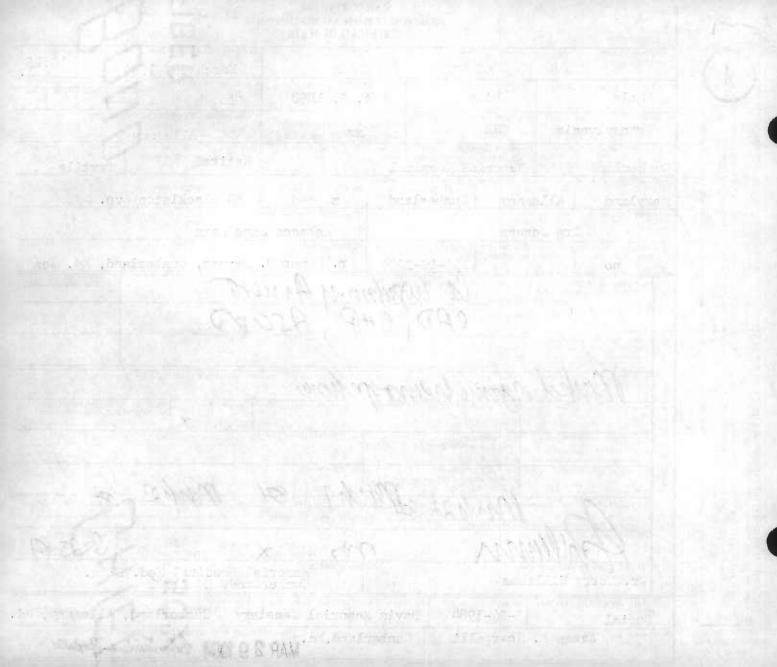
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(VRA 15, 4)

Gretia Davidson

STATE OF MARYLAND



to		1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE	REG. NO.		
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AND	3 3 55	Ma	aryland	Alle	gany	Cumber]		YES TO NO	13e STREET A	710 Shri	ver Ave.	500
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	1 20 p/		Yes, no or unknown)		E WAR OR DATES	214-05-		Mrs. Edith D	reyer,	Cumberlar	nd. Md.	Wife
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STATE OF MARYLAND

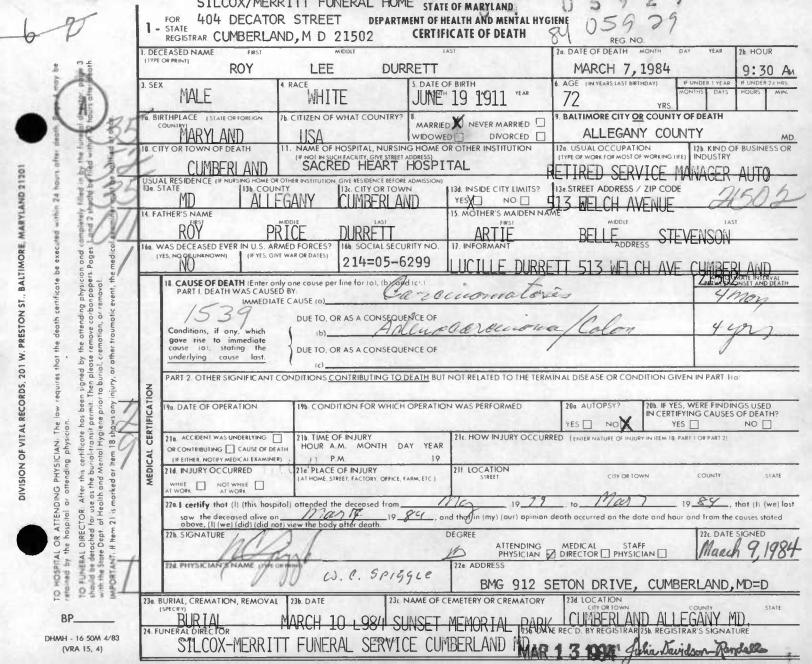
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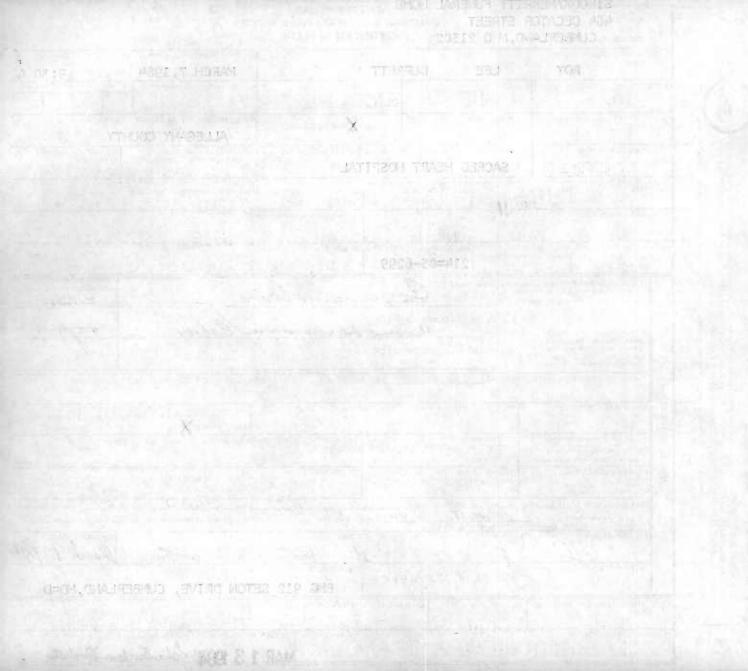
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W. of the of the other	gave	rise to immediate (a), stating the ying cause last.	DUE TO, OR AS DEONSEQUE	Person,		
20 Per		OTHER SIGNIFICANT	CONDITIONS CON MING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	/EN IN PART IIa
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at OR A the host		John G	w the dody dried depart.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 3/11/84
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DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL I	DIRECTOR Ke:	ith S. Shaffer. 1 Home, Romney,	25a. DA1	TE REC'D. BY REGISTRAR 256. REGIST	

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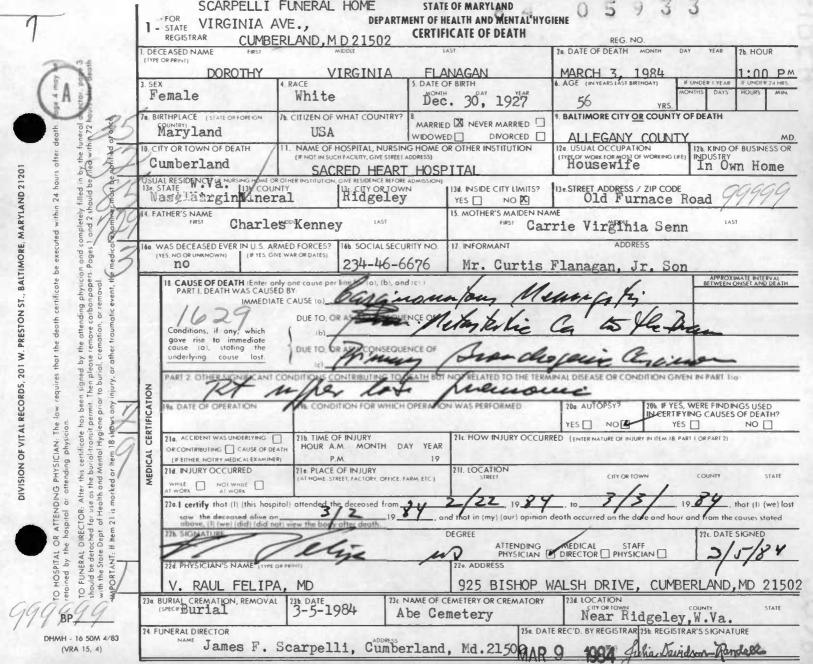
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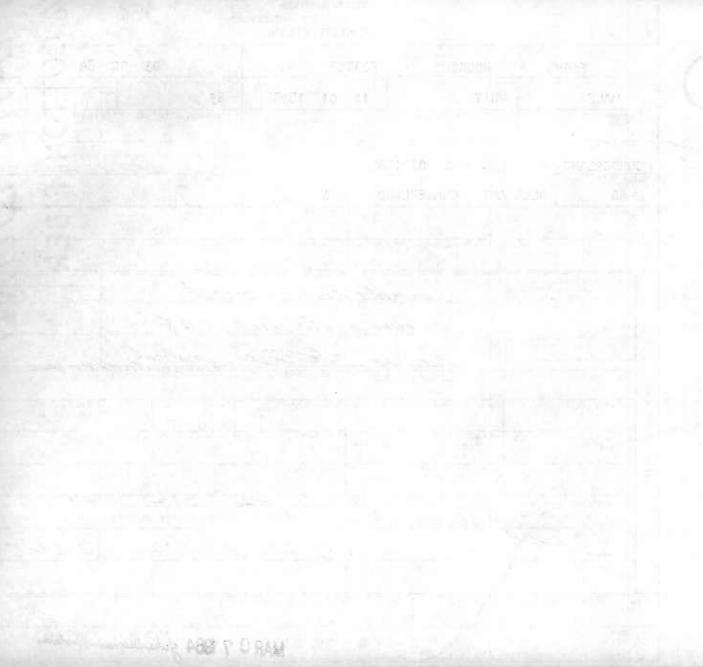
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9 e e		PAUL	JOSEPH	1 F	ISHER		MARCH 16,		1:20 ₩
	3. 3	SEX	4. RACE		5. DATE OF BE	DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAY	
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Poges 1	1 160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? S. GIVE WAR OR DATES)	166. SOCIAL SECU 215-12-2		INFORMANT Im. Patrick F	isher	ss 1035 Myrt Cumberlan	
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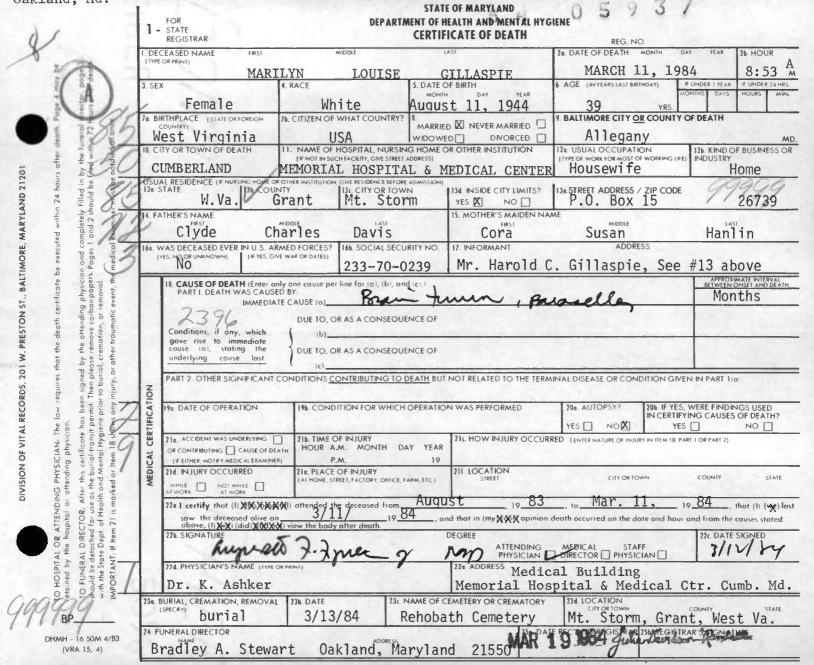
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	2	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.				
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	2/81	(FRANK	BOOKER	FOSTER	03 02	84	
		3 SE	× MALE	4 RACE WHITE	5. DATE OF BIRTH 12 01 DAY 1898 AR		UNDER 1 YEAR IF UNDER 24 HR	
	8 93 8	Ja B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED TO NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	F DEATH	
v	To all and a second	1	Virginia	U.S.A.	WIDOWED DIVORCED		Allegany,	
MARYLAND 21201	n 24 hours after a filled in by the fi	1	UMBERLAND MD	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI MEMORIAL HOSP	SING HOME OR OTHER INSTITUTION EET ADDRESS) I TAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired Employee	12b. KIND OF BUSINESS (
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	1 12 10/	14. F/	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA			
M. M.	1 11/4/		James	Frank Fost		e Louise	Brooks	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE	Popes		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	CURITY NO. 17 INFORMANT -6619-A Mrs. Oletta	460 Wa Foster Cumberl	lnut Street	
	equires that the death certification is greed by the attending p. Then please remove corbon, to burial, cremotian, or reminjury, or other traumatic even	NO	Conditions, if ony, which gove rise to immediate couse lol, stating the underlying couse lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEC	nerosclerose	A, CHF COREDICAL MINAL DISEASE OR CONDITION GIVEN	N IN PART TO	
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•	HOSPITAL OR ATTENDI sined by the hospitol or FUNERAL DIRECTOR: A suld be detoched for use the Store Dept. of Heal PORTANT: If them 21 is m		270 Certify that (1) (this has saw the december of the obove of the ob	off view the body ofter death.	DEGREE ATTENDING	deoth occurred on the date and hour a	nd from the causes stated 22c, DATE SIGNED 3/2/84	
	Sho of sho	23a. E	136 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION					
	BP	(Burial		t. Luke's Cemetery	Cumberland Alle	oany Marylan	
DH	HMH - 16 50M 1/76	24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE						
	(VR A 15 (4))	S		Juneral Service.	Cumb Md	0 7 1984 guin Davidso	n-Manage	



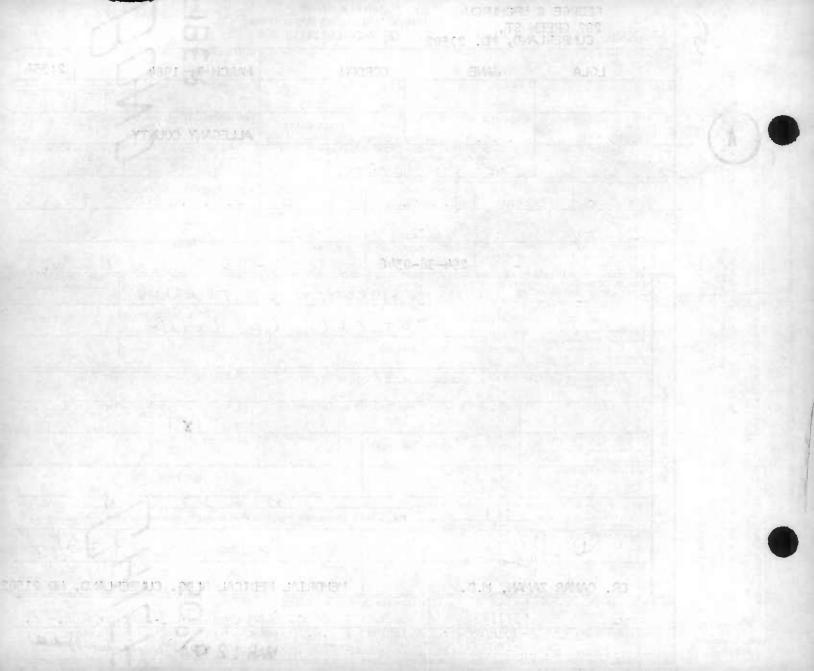
STATE OF MARYLAND

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er de	3. SEX		4. RACE		S. DATE OF BIRTH	6.	AGE JIN YEARS LAST BIRTH	DAY) IF UNDER 1	YEAR IF UNDER 24 H
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VG		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER M	ARRIED	BALTIMORE CITY OR		Н
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dical		VAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECUR			ADDRES		
med		No	-	294-36-0	1346 Mary G	ordon -	Address sa	me as #13	above.
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产业二生13	SEX Male	White	Dec . 8,	1903	6. AGE (IN YEAR LAST BIRTHDAY	MONTH		IF UNDER	24 HRS.	2. DATE	ED Marc	MONTH	1984	2d. HOUR
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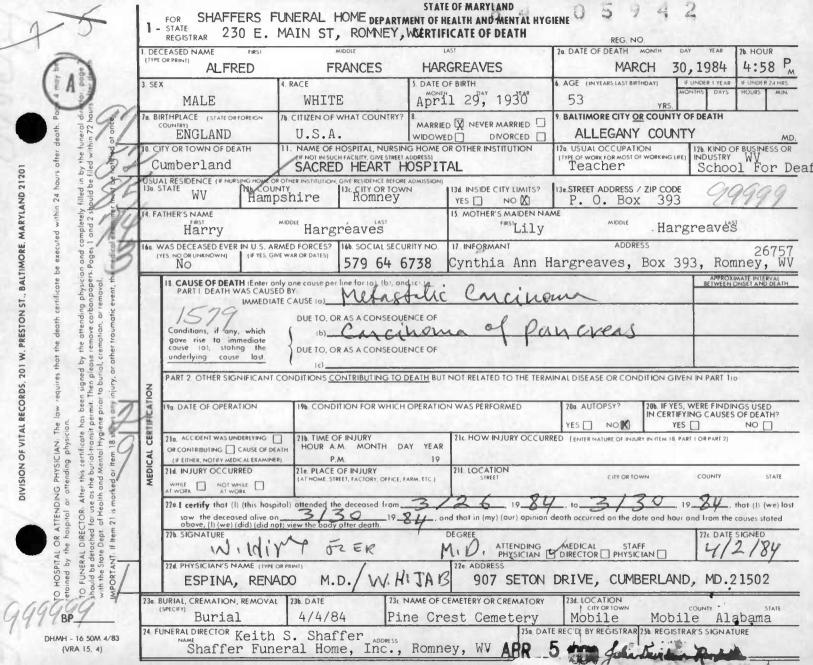
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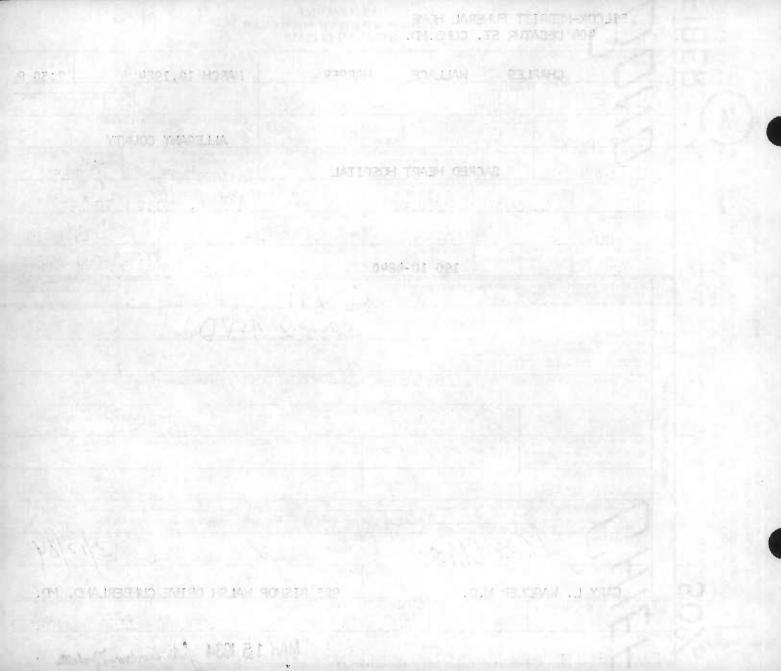
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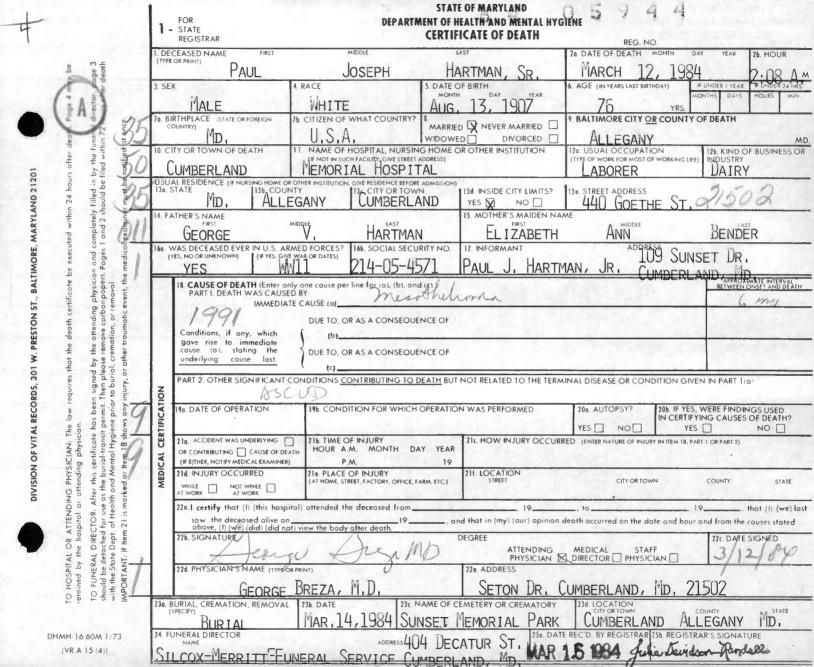
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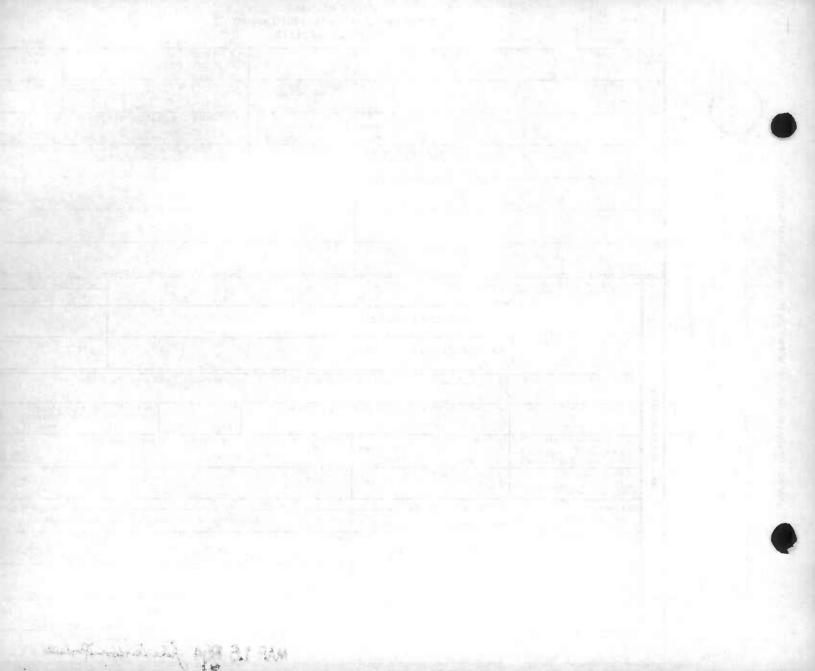
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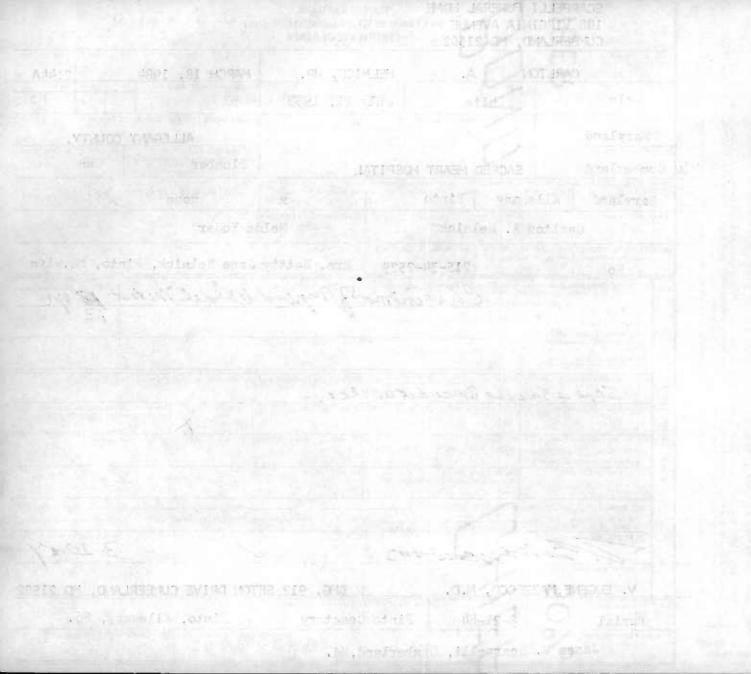


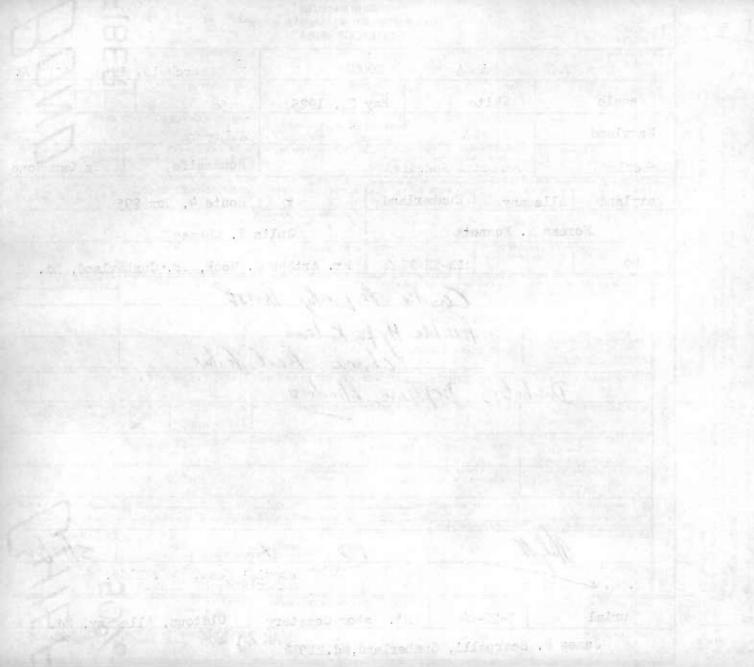




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e 4 moy be ttor, page 3 s ofter death		3. SE)	Male	4. RA	Whi:	te	5. DATE C	y 21, 1933	6. AGE (IN YEARS LAST BI		UNDER 1 YEAR	HOURS MIN.
Page 4		7a BI	RTHPLACE (STATE OR FORE	IGN 7h C		WHAT COUNT			9 BALTIMORE CITY	PR COUNTY O	F DEATH	
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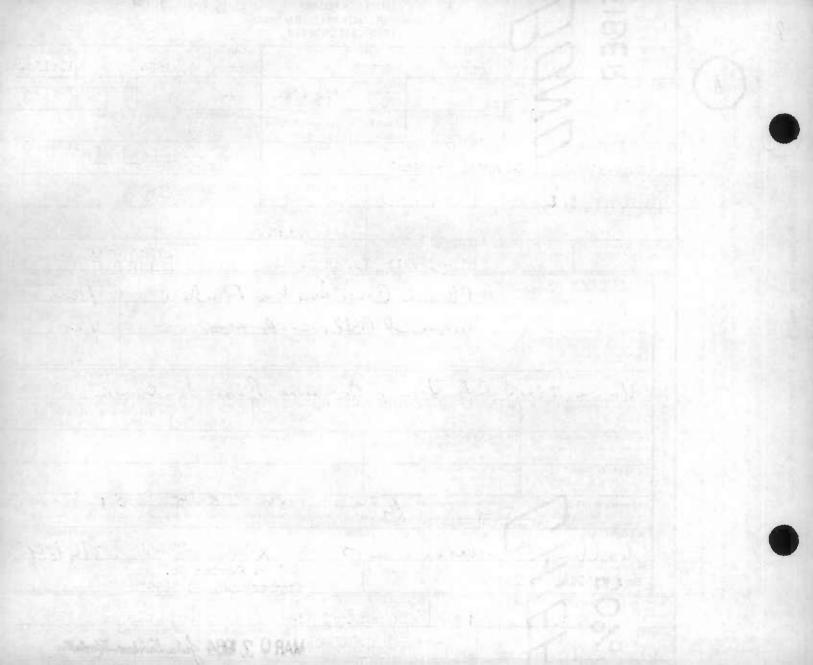


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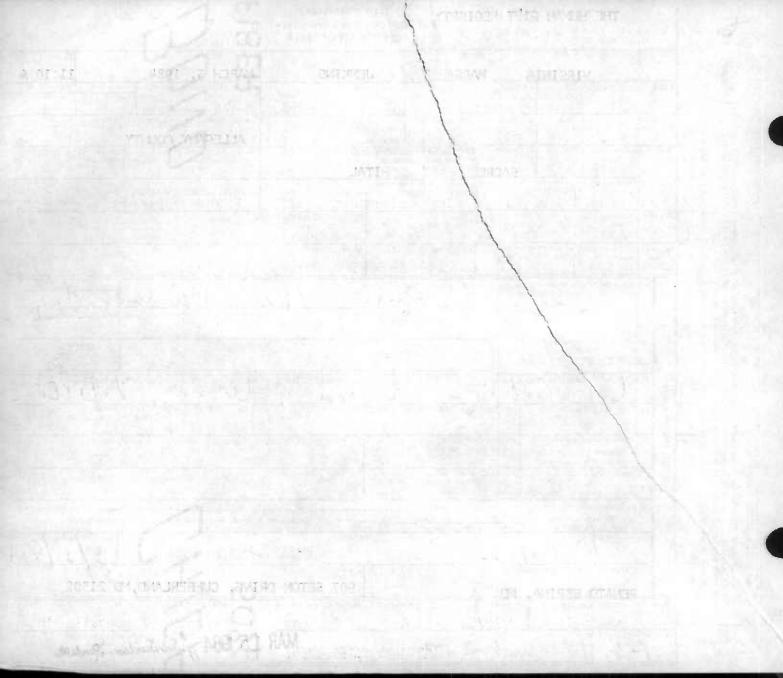


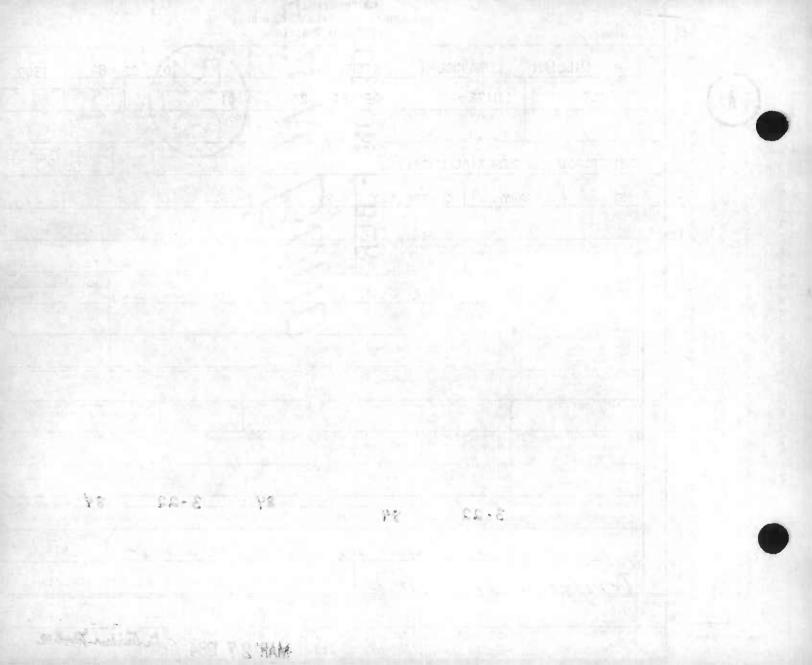
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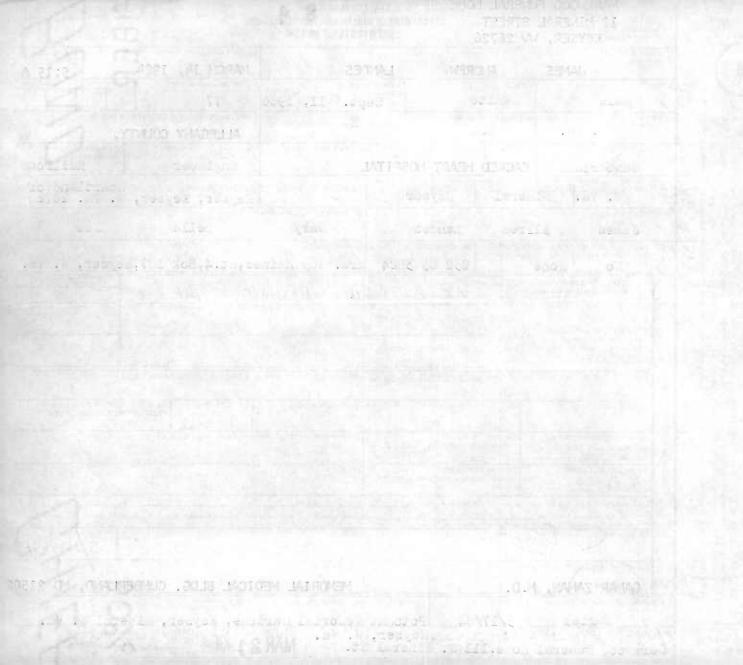


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	V.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
11	4	STATE DECISION OF DEATH CERTIFICATE OF DEATH
-	I. DE	REG. NO. CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR.
(m)	(Yes	James E. Lancoster 3-31-84 1030
(d d)	1 SE	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
		M Caucasian Houth - DAY YEAR 40 YRS MONTHS DATS HOURS MIN.
4 42 425	7a. B1	RTHPLACE (STALE OR FOREIGN 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED . NEVER MARRIED . 9. BALTIMORE CITY OF COUNTY OF DEATH
10 11 00		WIDOWED DIVORCED PURO and Country of MD.
1 11 100	III, CI	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (ITYPE OR WORK FOR MOST DE WORKING LIVE) INDUSTRY
201		AL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, SIVE RESIDENCE BEFORE ADMISS AT
10 21	130 S	136. COUNTY [136. CUX OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS
thin 2 whin 2 should be sh	14. F.A	THER'S NAME () SAVINGE YES (NO NONE 2/545
d with	(Peorge W Lancaster Susan Middle Mekenzie
RE, A		VAS DEGEAS DEVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a catending physician. We have considered that been signed by the ottending physician and completely filled in the ast the buriol-transit permit. Then please remove corban-papers. Pages 1 and 2 should the fit hand Mental Hygiene prior to buriol, cremation, ar removal. Or set from 18 show, any injury, or other traumatic event, the medical standard must be the action of the medical standard must be the set.	(,	YES, MOBILIARNOWN) (IF YES, GIVE WAR OR DATES) MO14-NOT MARY CRITES LOVALE MI) 21502
BALT offe to spers val t, the		III. CAUSE OF DEATH (Enter pnly one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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REST e dea nove nove troun		Conditions, if ony, which gove rise to immediate (b) CAT CELL CARCINOMA OF THE LUNGS UMPANOM
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to bu	NO	NONE
beer mit.	CATI	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED
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PHYSIC PHYSIC fending this cert he buriol nd Menti	MEDICAL	216. INJURY OCCURRED 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATE
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TEND Tolo OR: Theo	- 1	220.1 certify that (1) (this haspital) attended the deceased fram 03-20-84 19 to 03-31 1984, that (1) (we) last saw the deceased alive an 03-28-1984, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated
RECTOR OF		obgood (1) (we) (did) (did not) view the body after death. DEGREE 221. DATE SIGNED
the hos at the hose to DIRECT IT DIRECT THE DEPTH IN THE	10	ATTENDING MEDICAL STAFF
HOSPITAL med by the FUNERAL uld be detropher to the Stote ORTANT:		PHYSICIAN DIRECTOR PHYSICIAN 1224 PHYSICIAN (TYPE OR PRINT) . 224. ADDRESS
0 0 0 0 0 0	- 3	Dr. Rothstein 48 Brondway Frostbary MI)
Of Of S		SURIAL, CREMATION, REMOVAL 230. DATE 230 NAME OF CEMETERY OR CREMATORY 230 JOCATION
BP		BUNIAL HPR. 4,1987 S. PPTRICKSCEIM. MI SAVAGE DIEGAMY NO.
DHMH - 16 50M 4/82	24 FU	NERAL DIRECTOR ADDRESS DA LAND LAND APR 9 1984 Julia Davidson
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James Line Stocker FEBRURE MINISTER The state of the second MATERIAL PROPERTY OF THE PROPE

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(p)		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH		AR 26. HOUR
A A		JAMES		DREW	LAN		MARCH 14,		5:15 AM
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the ho the ho NI DIRE etached te Dept		226. SIGNATURE	no			DEGREE ATTENDING PHYSICIAN D	MEDICAL STAF	F _	3/14/84.
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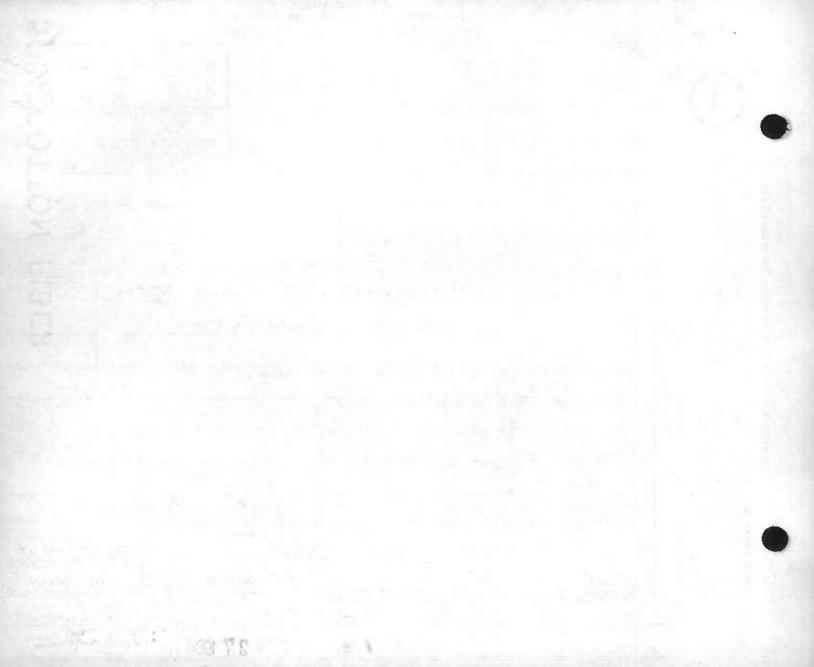
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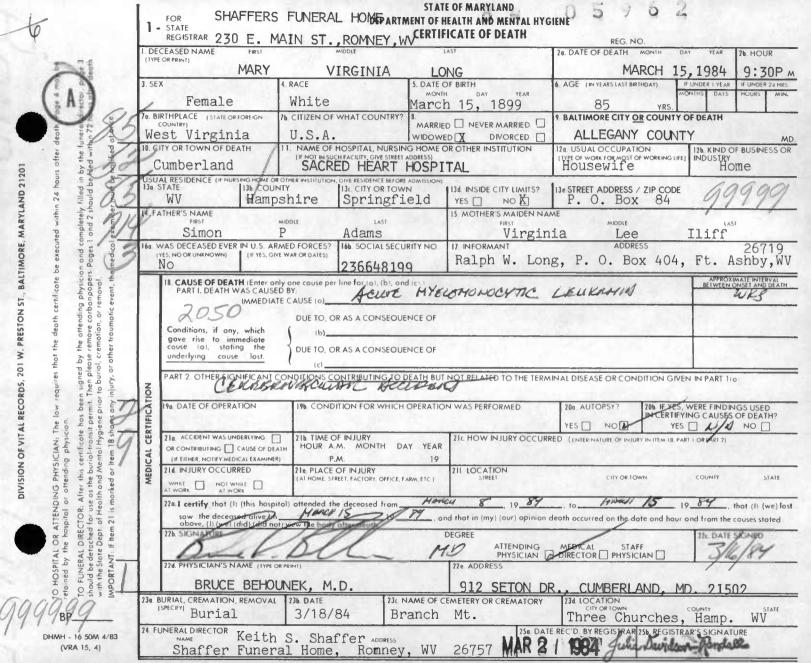
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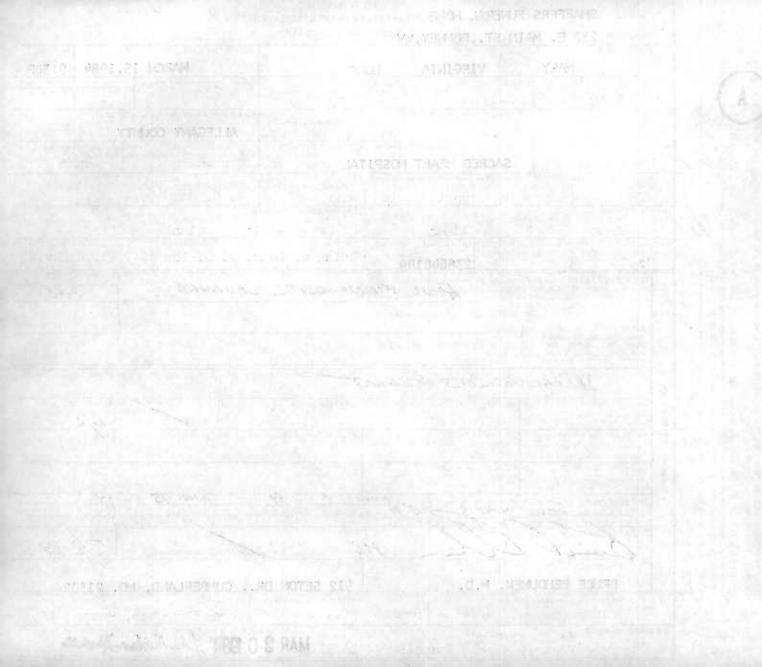
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12	BIRTHPLACE (STATE FOREIGN COUNTRY) Penna CITY OR TOWN OF		76. CITIZEN OF WE USA 11. NAME OF HOS			WIDOWED		ER MARRIEI DIVORCEI		All	egany ON (TYPE OF W		OF DEATH	MD.
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13	Maryland	136 COUNTY Allec	Υ	Lava	OR TOWN	13	NSIDE CITY	NO 🗌		ADDRESS Vatio	nal Hi	ghwa	y / 2	1502
1	FATHER'S NAME FIRST WILLIAM O. WAS DECEASED EN		MIDDLE LYTON	Lew			FIRS	ara		Carol	ine i	Kauf	fman	
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73	19a. DATE OF OP	ERATION	19b. CONDIT	ION FOR W	HICH OPERA	TION WAS	PERFORM	ED?				1	20 AUTOPS	
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	BURIAL, CREMATIO	REMOVAL 236	, DATE		ME OF CEME	TERY OR C			23d. LOCAT	1 W	Cu	mbe	eylar	rd
24	Burial FUNERAL DIRECTOR NAME Upchurch F	George-	1/22/84 Home Address		stlawn Greene Erland	^	. Gard	dens DATE REC	Cumb &		L-Allection	R'S SIGN	CoM	ld.



STATE OF MARYLAND

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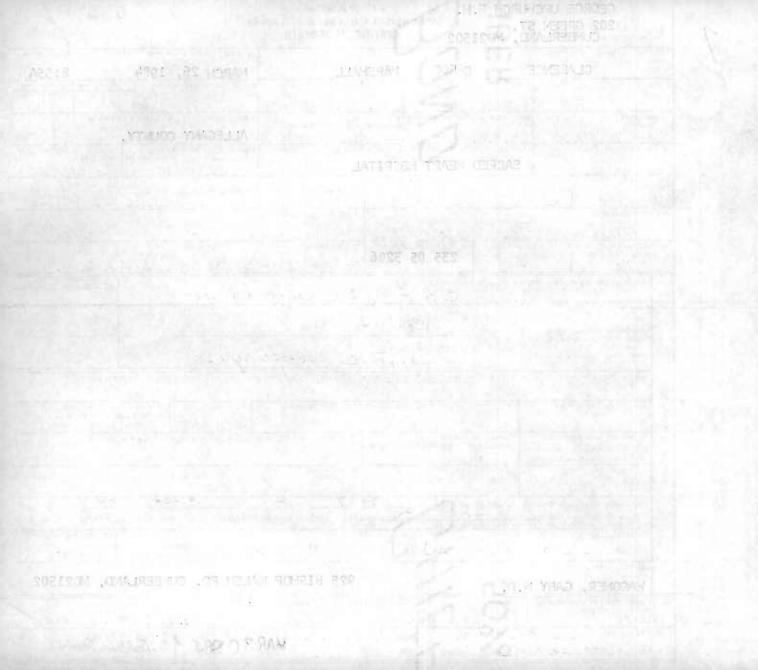
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME киомиХХ 2a. DATE 3/25/84 (TYPE OR PRINT) OF ESTI-2:00 A. LYTTE Scott a SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE 3/25/84 LAST BIRTHDAY PRONOUNCED Male White Apr.15,1982 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED * FOREIGN COUNTRY) Allegany Co DIVORCED TISA & CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a, USUAL OCCUPATION (TYPE OF WORK 176. KIND OF BUSINESS FOR MOST OF WORKING LIFE) **OR INDUSTRY** OA Sacred Heart Hospital cumberland USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Va. 136 COUNTY 13L CITY OR TOWN Herndon YES T NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Kiser Lytle Mary Scott 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) James Lytle Meyers Ave. Meyersdale, Pa. -NA-18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Massive traumatic injuries ENTAL HYGIEN OR REMOVAL. DUE TO, OR AS A CONSEQUENCE OF Motor Vehiscle Accident Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o) stoting the underlying couse lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? RWARDED TO THE CHIE PAGE 3 SHOULD BE USI STATE DEPARTMENT OF 1, 21 201 PRIOR TO BURIA YES 🗍 71a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR OR CONTRIBUTING THE OR PAM 3/25/84 Car went off road and hit a tree 21f. LOCATION 21e PLACE OF INJURY (AT HOME 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK Route 51, Oldtown Allegany Street Maruland AT WORK InspectionXX Autopsy 22a. I certify that I took charge of the remains described above, held on ond in my opinion Accident XX Suicide Homicide Undetermined monner death resulted from Notural causes PAGE 4 SHOULD B TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARK TITLE (SPECIFY) 3/25/84 DATE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 900 Seton Drive, Cumberland, MD, 21502 Giovanni Mastrangelo, M.D. 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial Mar 27.84 Union Cemetery Meyersdale, Somerset co 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR Wm. R. Prive 325 Main St. Meyersdale, Pa. guia Davidson-Randall VR A15 ME (5) 15M 2/80

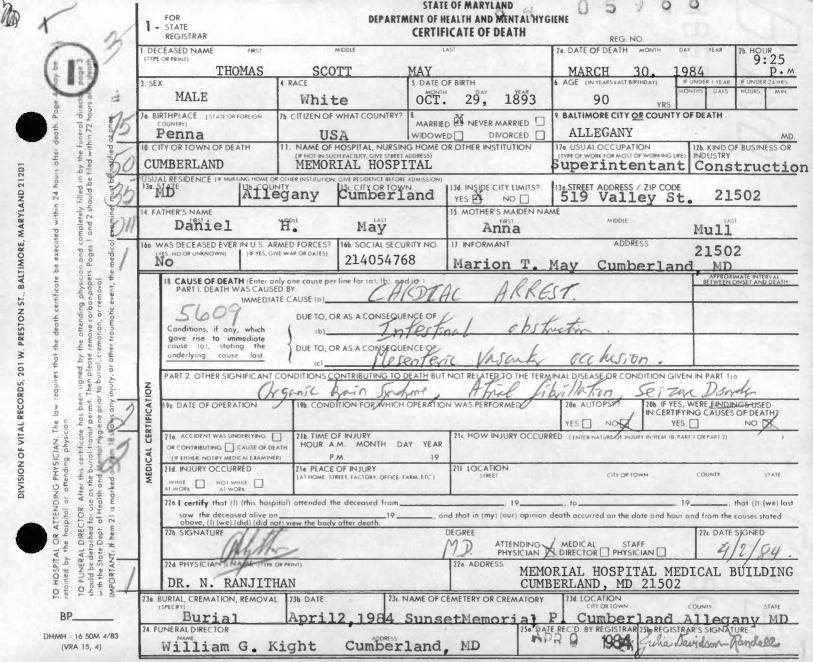
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XX MONT (TYPE OR PRINT) 2:00SCOTT LYTE 3/25/84 DEATH MATED a 3. SEX 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED July 14, 1963 Male White a 20 DEAD 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR MARRIED A NEVER MARRIED FOREIGN COUNTRY) Pa. USA WIDOWED DIVORCED Allegany Co. A CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Cumberland DOA Sacred Heart Hospital Laborer USUAL RESIDENCE (IF IN NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN Va. Herndon YES TY NO [Eldon St. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE James Lytle Arletta Sue Shumaker 17. INFORMANT ADDRESS 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR OATES) 208 54 3579 James R Lytle Meyers Ave Meyersdale Pa 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: Multiple Massive Trauma BETWEEN ONSET AND DEATH FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCHOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PHINE STATE DEPARTMENT OF HEALTH AND MENTAL HYGII NO. 2, 2) 201 PRÍOR TO BURIAL, CREMATION, OR REMOVA DUE TO, OR AS A CONSEQUENCE OF due to Motor Vehicle Accident Canditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR Car went off road and hit a tree 2:00 AM 3/25/84 CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21ª PLACE OF INJURY NOT WHILE Route 51 (Street Roue 51, East of Oldtown, Md/ Allegany AT WORK TO MEDICAL EXAMINER: THE ERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITHLEST, BALTIMORE, MARYMANO, 2 Inspection XX Autopsy 22a. I certify that I took charge of the remains described above, held an Accident XX Suicide death resulted from Natural causes Undetermined monner Deputy 3/25/84 MEDICAL EXAMINER EXAMINER'S NAME Giovanni Mastrangelo, M.D. 900 Seton Drive, Cumberland, MD, 21502 (TYPE OR PRINT) 23d. LOCATION 23e BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial Mar 27.84 Union Cemetery Somerset Co Pa 24 FUNERAL DIRECTOR Wm. R. Price II 325 Main St. Meyersdale Pa. (VR A15 ME (5) 15M 2/80

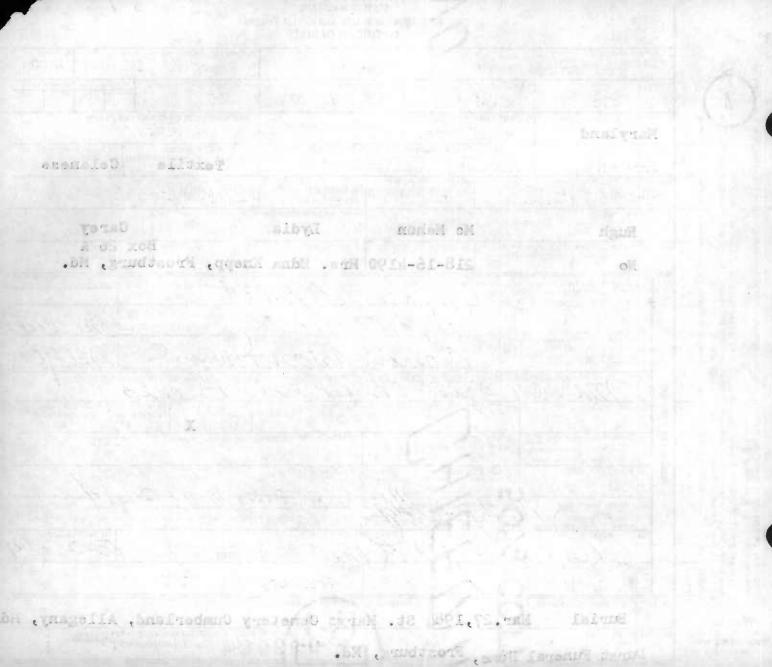
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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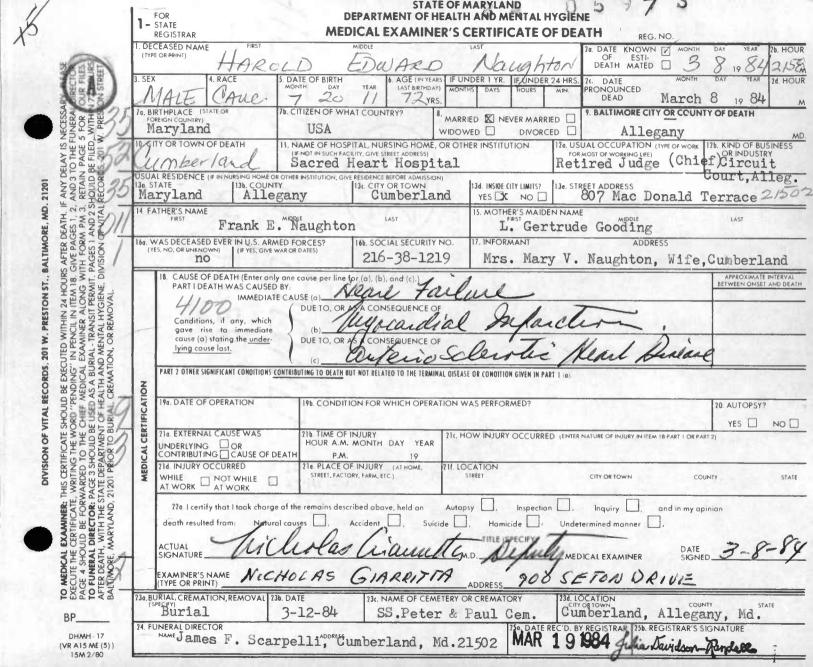
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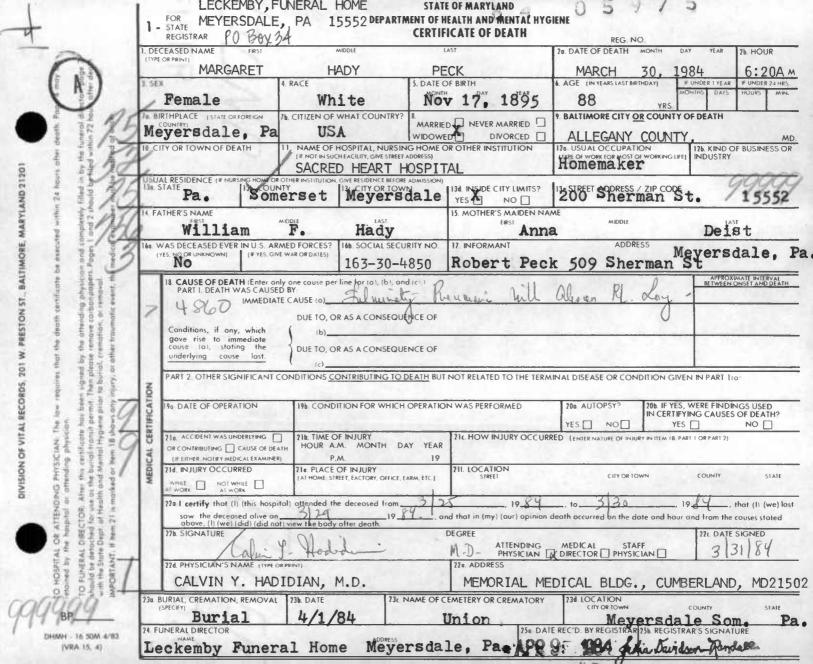
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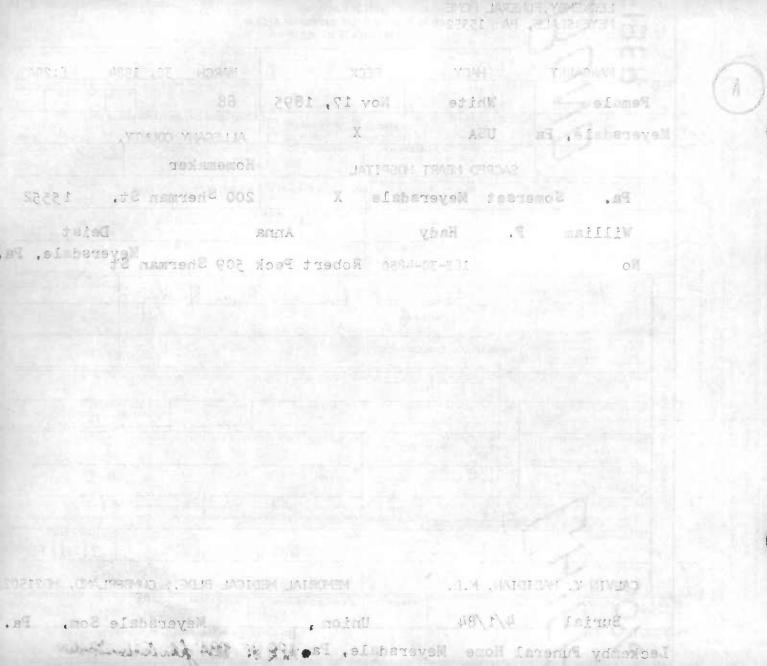
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

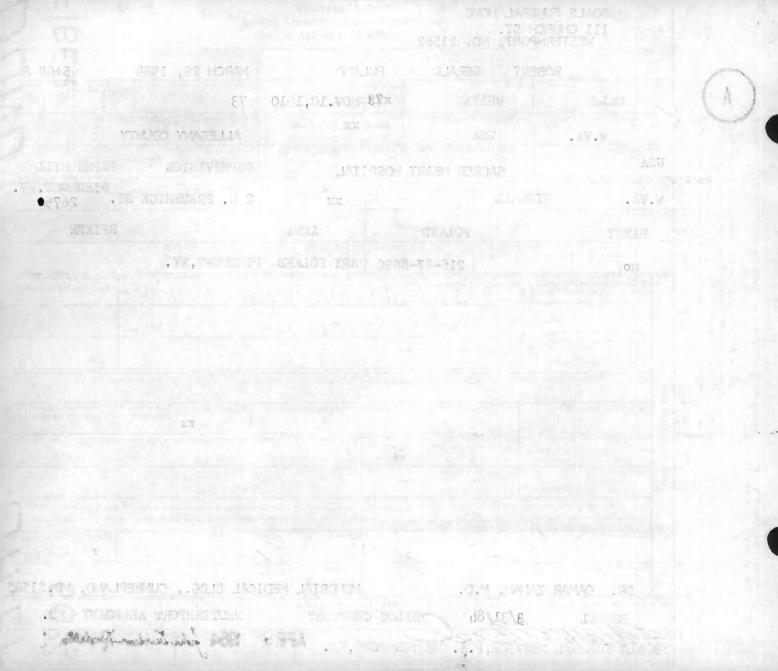
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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Charles Raines Robert 1084 DEATH MATED 4. RACE DATE OF BIRTH . SEX 6. AGE (IN YEARS | IF UNDER I YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED May 11, 1931 March 14 DEAD White O. BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
Marylanf MARRIED M NEVER MARRIED USA Allegany WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Sacred Heart Hospital for most of working life)
Tread Room Tire Cumberland USUAL RESIDENCE (IF IN NURSING OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Route 2, Box 113A 13o. STATE COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? W. Va. Mineral Keyser A. FATHER'S NAME 15. MOTHER'S MAIDEN NAME N Clair Raines LAST CAL EXAMINER ALONG WITH FORM PM BURIAL TRANSIT PERMIT. PAGES I AND AND MENTAL HYGIENE, DIVISION OF WI WATION, OR REMOVAL. Nellie Carder 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 225-07-9076 Mrs. Betty Raines, Route 2, Keyser, W. Va. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MER lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [4]. CERTIFICATION DRWARDED TO THE CHIEF M R: PAGE 3 SHOUID BE USED A E STATE DEPARTMENT OF HEA ID, 21201 PRIÇR TO BURKAI, C 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 21g. EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. MARYLAND, 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinion Natural causes X Accident death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) 3-14-84 ACTUAL SIGNATURE Deputy DATE MEDICAL EXAMINER Dr. Francisco Reves M.D. EXAMINER'S NAME Sacred Heart Hospital, Cumberland, Md. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Sunset Memorial Park Cumberland, Allegany, Md. 3-17-84 24 FUNERAL DIRECTOR **DHMH-17** James F. Scarpelli, Cumberland, Md. (VR A15 ME (5))

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U VX	Maryland		U.S.A	. = _ 1 = .	WIDOWE	NEVER MARRIED	ALLE	GANY COUN	TY	MD
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AND 212	USUAL RESIDENCE (# 130. STATE West Va.	SE COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Ridgeley	V	136. INSIDE CITY LIMITS YES X NO	Route	DRESS / ZIP CODE	54 1/2	26753
MARYL and the seconds	14. FATHER'S NAME FIRST LOUS	м	IDDLE	Walbert		15. MOTHER'S MAIDEN Diane		MIDDLE	Rick	iards
A STATE OF THE SE	16a. WAS DECEASED ET		ED FORCES?	166 SOCIAL SECUR		17 INFORMANT	1-11-41-4	ADDRESS		
# 1 10 10	No		_	21434131	3	Eileen Ohle	er - Short	Gap. Wes	st Virgi	nia
OS, 201 W. PRESTON ST., squires that the death certific signed by the attending phy Then plants remained, or remaining to bursal, cremained, or remaining or other traumant even	Canditions, if a gave rise to cause to l, st underlying co	IMMEDIATE Any, which immediate airing the ause last.	CAUSE (o) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF U	e C e V D NOT RELATED TO THE T	U A ERMINAL DISEASE C	DR CONDITION GIV	/EN IN PART 1:c	
At RECOI	190 DATE OF OPE	RATION	19b. COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPS	IN CERTIF	S, WERE FINDING YING CAUSES	
CLAN I CHAIL I FAG	210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH DA	Y YEAR	ZIC HOW INJURY OCC	CURRED (ENTER NATUR	E OF INJURY IN ITEM 18 F	PART I OR PART 2)	1
NVISION Orberto Orberto The the Eurithe Eurithe Eurithe Eurithe Eurithe Eurithe	(IF EITHER, NOTIFY) 214. IN JURY OCC WHILE NO AT WORK	URRED	21e. PLACE (AT HOME, STE	OF INJURY RFET, FACTORY, OFFICE, FA	ARM, ETC)	ZII LOCATION STREET		TITY OR TOWN	COUNTY	STATE
ATTENDE Botal or CTOR A for use of Health		t (1) (this haspita eased alive an e) (did) (did non		e deceased fram	7 / , on	d that in (my) (aur) apin	, 10			that (1) (we) last causes stated
AL OR V The ho detached detached one Dept	276. SIGNATURE	STEPa	سنس	e wo		DEGREE ATTENDIN PHYSICIAI	G MEDICAL	STAFF PHYSICIAN	3/21	
50 X45 4 1	224 PHYSICIAN'S	NAME ATTHE OR	PRINT)			22e ADDRESS				
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	URIE	L VELANI	DIA.M.D).		924 SETON	DRIVE CUM	BERLAND,	MD.	
GG 60000 " " T	73a. BURIAL, CREMATIC			23c N		EMETERY OR CREMATO	RY 23d. LOCATH		COLLEGE	
////BP	Burial		3/21,			Lutheran Ce	11.000.00	ourg-Alle	gany Co	Md.
DHMH - 16 50M 4/83	24 FUNERAL DIRECTO	R Georg	e-Upchi	urch Fune	ral H	ome, P.A. 250:	DATE REC'D. BY REC	ISTRAR 256 REGIST	PAR'S SIGNAT	IRE
(VRA 15, 4)	202 Green						MAR 27 19	184 Julian	Davidson-1	lavoren

20% CEER ST. CUB. NO. ASSET REPORTED THE PROPERTY OF YOURS Y'ATELIA

494 SETON DELVE CUREFILMED, NO.

.C.M. AIR A.EV. EEBU

Single and the company of the contract of the

	ECEASED N	AMF FIRST	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MIDDLE	R'S CERTIFICAT		KNOWN MONTH	DAY YEAR	2b. HOUR
	LOREN(CE L	VIOLA	RINK	EREU		MATED 03-	24984	2:30R
	EX	4. RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDAY	IS IF UNDER 1 YR. IF U	NDER 24 HRS. 2c. DAT		DAY YEAR	2d HOUR
	emale	White		2,1913,71 YRS	5.	DEA		19	М
X.A	BIRTHPLACE FOREIGN COUNT	RY)	76. CITIZEN OF W	HAT COUNTRY?	MARRIED V NEVER	AARRIED 9. BALTI	MORE CITY OR COUNT	TY OF DEATH	
		rginia VN OF DEATH	U.S.A.				EGANY COUN		MD.
C	umber	land	SACRED	SPITAL, NURSING HOME, ACILITY, GIVE STREET ADDRESS) HEART HOSPI	TAL	FOR MOST OF WO	ORKING LIFE)	OR INDUSTR Home	SY
	STATE	ICE (IF IN NURSING HOME 138 COUN W Hamps	NTY	13c. CITY OR TOWN Purgitsvil	13d. INSIDE CITY LIN	IIIS? I3e. STREET ADDR	Rural	99	999
11/8	FATHER'S NA		MIDDLE	LAST	15. MOTHER'S /		MIDDLE		
1		scar		Corbin		Luetishia		Cordast	
7 100	(YES, NO, OR UN	ASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY			ADDRESS		
-	No	E OF DEATH (Enter ar		235 60 319	I J. Calv	in Rinker,	Purgitsvill	Le, WV	
NOIN	gave cause lying	litions, if ony, which rise to immediate (a) stating the <u>under cause last</u> .	(b)	R AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMIN	F	N IN PART 1 (g).			
7	19a. DATE	OF OPERATION	19b. CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED	?		28 AUTOPSY	
								YES 🗆	NO X
4									
CAI CEPTIFICATION		RNAL CAUSE WAS ING OR UTING CAUSE OF		A. MONTH DAY YEAR	21c. HOW INJURY OCC	URRED LENTER NATURE OF III	NJURY IN ITEM 18 PART 1 OR PA		
MEDICAL CERTIFIC	CONTRIB	ING OR UTING CAUSE OF	DEATH P.A	A. MONTH DAY YEAR	21f. HOW INJURY OCC 21f. LOCATION STREET	URRED LENTER NATURE OF III			STATE
A SUBSTITUTE OF	WHILE AT WORN 22a I o death re	ING OR OR OTHER OF AT WORK Pertify that I taok charms with a firm of the other or o	DEATH P.A 21e PLACE STREET, FAC ge of the remains de iral causes	A. 19 OF INJURY (ATHOME.	Autapsy , Inside M.D. TIME (SPECI	pectian , Inquiry Undetermined m	OWN COI	unity Dinian 3/2	1/84
MEDICAL CERTIFICATION OF THE PROPERTY OF THE P	UNDERLY CONTRIB 21d. INJUI WHILE AT WORN 220. I c death re ACTUAL SIGNATU EXAMINE (TYPE OR BURIAL, CRE	ING OR OR OTHER OF RY OCCURRED OF AT WORK certify that I taak charms with a frame of the control of the contro	DEATH P.A 21e PLACE STREET, FAC ge of the remains de iral causes VANNY M. 23b. DATE	A. MONTH DAY YEAR A. 19 OF INJURY (ATHOME. TORY, FARM, ETC.) Socribed abave, held an Accident , Suice ### STRANGELO 23c, NAME OF CEMI	Autopsy , Institute , Institut	Dection , Inquiry Undetermined in EY) MEDICAL EXA O SETON	own col ,, and in my ap nanner, MINER SIGNE ORIVE -CU	unity Dinian 3/2 1/482RU	+/84 +ND, M
7330	UNDERLY CONTRIB 21d. INJUI WHILE AT WORK 220. I c death re ACTUAL SIGNATU EXAMINE (TYPE OR BURIAL, CRE (SPECHY) BL	ING OR OR UTING CAUSE OF RY OCCURRED OF AT WORK certify that I taak charms with the control of	DEATH P.A 21e PLACE STREET, FAC ge of the remains de iral causes VANN 1 M 23b. DATE 3/27/84	A. MONTH DAY YEAR A. 19 OF INJURY (ATHOME. TORY, FARM, ETC.) Scribed above, held an Accident , Suic USTRANGEO 23c. NAME OF CEMI High Cell	Autopsy , Institute , Institut	Dection	OWN COI	unity Dinian 3/2 JUBERU Propries Strict Strict	1/84

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MAR SERVE LELECTED PAY

NAME James F. Scarpelli, Cumberland, Md. 24592 06

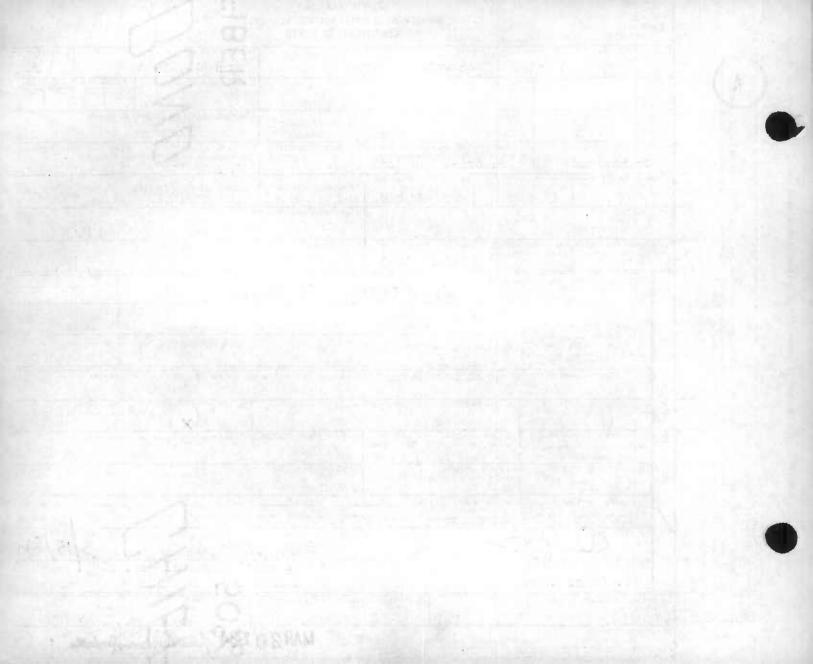
250. DATE REC'D. BY REGISTRARI256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4) 24. FUNERAL DIRECTOR

3414 Parish transcape - 1207 F 1207 M - 120 E 1 1001 MAILEW SACRED NEARLY SERVICE. O. S. M. Aggoggethe moreous O TB models To smilled mailing min. 230 To 1920 I brown a soldier, a soldier, and 1920 To Miles 37 1 23 3 CARY L. WOOLE M.D. S. L. CARY L. WOOLE M.D. C. BESHOP VALSH DRIVE CLASSIC ACTION STREET . bil . commandia . int fre ferd was Not Bullett on budgetens literacy . I was .-

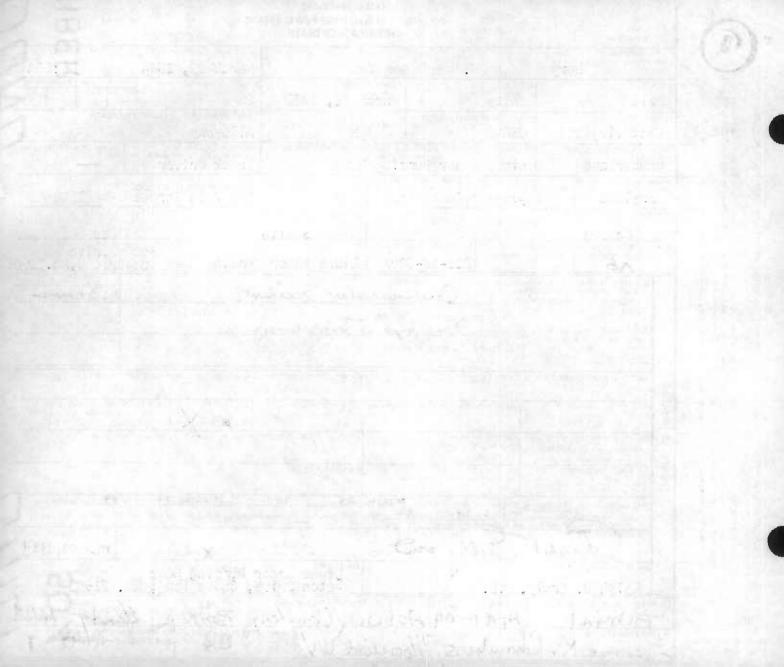
.(-		FOR		EPARTMENT		MARYLAND H AND MENTA	L HYGIENE	8 3	
		STATE REGISTRAR	MEI	DICAL EXA	MINER'S	CERTIFICATE	OF DEATH RE	G. NO.	
		EASED NAME FIRST		MIDDLE		LAST	20. DATE KNOV		DAY YEAR 26. HOUR
S FOR YOUR FILES. WITHIN 72 HOURS WESTON STREET,	(148	MILDE	DED			RUDOLPH	OF EST	D X 3	5 1984 3:30
Z Z	3. SEX	4. RACE	5. DATE OF BIRTH			NDER I YR. IF UNI	DER 24 HRS. 2c. DATE	монтн	DAY YEAR 2d. HOUR
	FF	MAKE WHITE		911 72	YRS.	HS DAYS HOURS	MIN. PRONOUNCED DEAD	3	5 84 5:15
11	7s. BI	RTUPLACE (STATE OR SPIGN COUNTRY)	76. CITIZEN OF WH		8. MARR	NEVER MA	9. BALTIMORE	ITY OR COUN	20 1 0000
/	L V	(HGN COUNTRY)	U.S.A		WIDOV		ORCED 🗆		ALLEGANY MD.
1	Pyci	TY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING	HOME, OR OTH	HER INSTITUTION	128. USUAL OCCUPATIO FOR MOST OF WORKING LI	N TYPE OF WORK	17b. KIND OF BUSINESS OR INDUSTRY
0	1c	IMBERL AND	Memoria	al Hosp	ital- D	.O. A.	Housekeeper		
22	ISUA II S	L RESIDENCE (IF IN NURSING HOME)		13c. CITY OR TO		13d. INSIDE CITY LIMIT	S? 13e SIREET ADDRESS		DI-AS
5	MAI	ALLE	GANY	CUMBERI		YES NO		AVE	11000
77		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MA	MIDDLE		LAST
11		Thomas	Nelson	Cole	nan	Nell	ie Eliza		Nougle
1	16a. V	AS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SE	CURITY NO.	17. INFORMANT		DRESS 524	Welch Avenue
1		No		2162	2-5391	William	G. Rudolph	Cumb	erland, Md
1		18 CAUSE OF DEATH (Enter or	ly one couse per line	for (a), (b), and (a).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A.		PART I DEATH WAS CAUSE	TE CAUSE (o)	CARDIAC	ARREST				SUDDEN
Ş		7100	DUE TO, OR	AS A CONSEQUE	NCE OF -				0.11
REA		Conditions, if any, which gave rise to immediate	(b)	MYOCARD	IAL INF	ARCTION			2 Months
õ		cause (a) stating the <u>under</u> - lying cause last.		AS A CONSEQUE	NCE OF			TO SUPP	
5		lying coose ios.	(c)	CORONAR	Y ARTER	y HEART I	ISEASE		YEARS
	_	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH S	BUT NOT RELATED TO T	IE TERMINAL DISEAS	SE OR CONDITION GIVEN I	N PART 1 (6).		
,	ğ			DIABETE					
3/	MEDICAL CERTIFICATION	196 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION V	VAS PERFORMED?	11-12-54		20 AUTOPSY?
7_	E							100	YES NO
0/2	8	216 EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M		YEAR 21c. H	OW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	TEM 18 PART 1 OR PA	RT 2)
ě /	3	CONTRIBUTING CAUSE OF			19				
	VED	21d. INJURY OCCURRED	STREET FACTO	OF INJURY (AT HO		CATION STREET	CITY OR TOWN	co	UNITY STATE
	1	WHILE NOT WHILE (
BAITIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		22s I certify that I took char	ge of the remains desc	cribed obove, held	lan Autor	osy . Inspe	ction Inquiry .	and in my or	oinian
			rol couses	Accident .	Suicide	, Homicide	Undetermined manner		
4		No	11/			TITLE (\$PECIFY			-/ -
		ACTUAL ACTUAL SIGNATURE	W N	n	-A	A.D. 1457	MEDICAL EXAMINER	DATE	3/5/30
1	1					7	The state of the s	31011	
1		EXAMINER'S NAME PAL	JL SNOW M	.D.		ADDRESS MEMO	DRIAL HOSPITAL	CUMBERL	AND MD 21502
3	23a.B	JRIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME C	F CEMETERY C	OR CREMATORY	23d. LOCATION	coul	NTY STATE
		Burial	March 7/84		Memor				
	24 F	INERAL DIRECTOR	ADDRESS	1 - 1	catur	MAR	TOTO TORIENTE	Davidson	IGNATURE
)	- 6	ilcox-Merritt	Funeral Se	ervice. [uml m	21503		- MOTOTON	Marketin

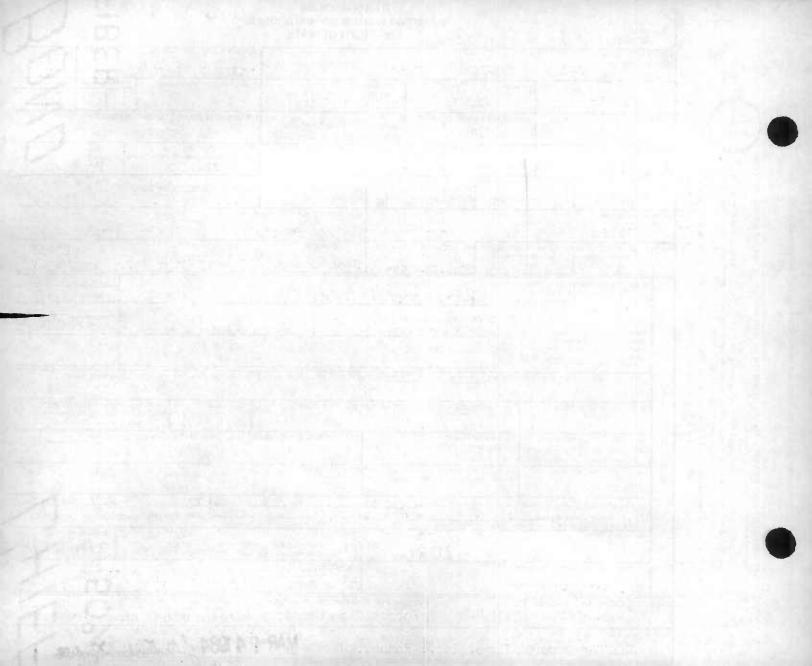
or, bankadar daram . millim fee-di-dis de l'ord vorce d'antique de l'alzonatione de la leur MARO 8 BASE COLLEGE THE PARTY OF THE P



- 2	1	FOR SIATE- REGISTRAR		DEPA	RTMENT OF	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH		9 8 G. NO.			
of to		CEASED NAME FIRST EOR PRINT) VEDA	MAGE	DALENE		/ILLE	20 DATE OF DEA		18 84	25. HOUR 10:35P.	
	3 SI	EMALE	4 RACE W	hite	5. DATE (H DAY YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	/	ERTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNT	RY? 8 MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE C	TY OR COUN		M	
by the fulled with	10 0	UMBERLAND	11. NAME OF		RSING HOME (OR OTHER INSTITUTION	120 USUAL OCCI (TYPE OF WORK FORM HOUSE	PATION NOS OF WORKING	G LIFE) 12b. KIND C INDUSTRY	OF BUSINESS OF	
filled in could be	130. N	IARYLAND AL	ME OR OTHER INSTITUTION OUNTY LEGANY	N, GIVE RESIDENCE BI 13c. CITY OR T CUMBER	OWN	134 INSIDE CITY LIMITS			ley Road	2150	
fed within	14. F	ATHER'S NAME John	WIDDLE	Sander	'S	15 MOTHER'S MAIDEN Roxie	MID		Alexar		
rificate be execute physician and company. Physician and company. Pages emoval.	160	WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES	. ARMED FORCES? , GIVE WAR OR DATES)	16b SOCIALS		MEMORIAL H	OSPITAL	DDRESS Flora	oyd Savil	lle	
low requires that the death cost been signed by the attendin termit. Then please remove corbe prior to burial, cremotion, or as any injury, or other traumatic	CERTIFICATION	DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (o), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF UNDER TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF UNDER TO, OR AS A									
SICIAN: The og physicion certificate ha riol-tronsit prent l Hygien tem 18 show		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A		DAY YEAR	2) c. HOW INJURY OCC	YES NO		YES 18, PART 1 OR PART 2)	NO 🗆	
or ottendin After this c e os the bur olth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFI	CE, FARM, ETC.)	21f LOCATION STREET	CITY	OR TOWN	COUNTY	STATE	
HOSPITAL OR ATTENI ined by the hospital FUNERAL DIRECTOR wild be detoched for us hithe Stote Dept. of He PORTANT: If Hem 21 is		22a.l certify that (1) (this h sow the deceased olive above. (1) (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN Dr. N. Ranjii	e on d nat) view the body		, 0	220 ADDRESS Memo		STAFF HYSICIAN□ tal Me	nour and from the	-	
Bb	23a.	BURIAL, CREMATION, REMOVE SPECIFY) Burial	3-20-	-84 S	unset 1	emetery or cremator lemorial Par	Y 23d. LOCATION		Alfegany	MD ^{TE}	
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR Lea	sure-Ste nore Aven	in Funer ue Cûmbe	al Homerland,	e, Inc. 250. D	ATE REC'D. BY REGIST	RAR 254 REG	STRAR'S SIGNAT	jundens.	

dilbra Fed To Tuesday The state of the s STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





	-		REGISTRAR EASED NAME	FIRST		MIDDLE		AST DEATH	2a DATE OF DEA	G. NO.	H DAY	YEAR	26 HOUR
noy be page 3	- 1	(TYPE	CLETUS		WOO	ODROW	SHII	VGLETON	MARCH	10,	1984		6:33P M
po de fred		3. SEX	Male		4. RACE Caus	3.	5. DATE C	0F BIRTH 12/1911 YEAR	6. AGE (IN YEARS L		MONTHS	DER TYEAR	HOURS MIN.
Poorh Pag	15	7a. BIF	THPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	811 -0 6			EATH	MI
rs ofter de by the fu filed with facilied	50	10. CT	ry or town of DEA umberland		SACRI	ED HEART	ADDRESS) HOSPI	OR OTHER INSTITUTION	12ª USUAL OCCE	UPATION	121	DUSTRY	BUSINESS OR Culture
24 hour filled in ould be	35	13a. S		136 COUN ALLE	other institution TY gany	13 CITY OR TOW	e admission) VN	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	Box 70	ESS ZIP	CODE 2150	2	
mpletely and 2 sh	10	14 FA	James	A	Shi	ingleton		IS. MOTHER'S MAIDEN N ELIZADE	th MID		Hai	nes	
ie be execut ician and ca ers. Pages 1 II.	1	16a W	VAS DECEASED EVER I		WII DATES)	57812944		Russell Fla		D 1,	Hyndm		5545
th con			1110		DUE TO, C	OR AS A CONSEQU	ENCE OF	1 1	11				
w requires that the deat been signed by the atter mit. Then please remove syriar ta buriol, or and may migury, or and reroum	2	IFICATION	Conditions, if ony, gove rise to imm couse (a), stofing underlying couse PART 2 OTHER SIGN Seve. 19a DATE OF OPERAT	lost.	DUE TO, CO	DENTE DRASACONSEQUE SEVER CONTRIBUTING TO	DEATH BUT	ronary A	MINAL DISEASE OR	? 20b.	IF YES, WER	RE FINDIN	GS USED OF DEATH?
N: The low requires ysicion. cote has been signe youngst permit. Then by Hygiene prior to bur 8 shows any injury.	9	MEDICAL CERTIFICATION	gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER, NOTIFY MEDIC 21d. IN JURY OCCURR	INFICANT CONTROL OF THE PROPERTY OF THE PROPER	DUE TO, CO CC ONDITIONS C INS CONE 198 CONE 198 CONE 198 CONE 216 TIME (DENTE DRASACONSEQUE SEVER CONTRIBUTING TO	DEATH BUT OPERATIO AY YEAR 19	pronava A. NOT RELATED TO THE TER	200 AUTOPSYTY YES NO	2 20b.	IF YES, WER CERTIFYING YES TEM 18. PART 1 O	RE FINDIN CAUSES (GS USED
SICIAN: The low requires no physicion. certificate has been signe rial-tronsit permit. Then pertol Hygiene prior to then Item 18 shows any injury.	9		gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING CURR WHILE NOTHY MEDIC 21a. I Certify that Sow the decease obove (1) we (2) 22a. I certify that 22b. SIGNATURE	HEICANT C	DUE TO, CO CC ONDITIONS C IND CONE IND CON	OR AS A CONSEQUE OF AS A CONSEQUE OF CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHICH OF INJURY A.M. MONTH D.P.M. OF INJURY TREET, FACTORY, OFFICE THE DECENSE OF TOM THE DECENSE OF TOW THE DECENSE	DEATH BUT DEATH OPERATIO DAY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TER NOT RE	200 AUTOPSY' YES NO RRED (ENTER NATURE C CITY 1 to 1 MEDICAT PIRECTOR P	2 20b IN 0 IN 10 I	. IF YES, WEF CERTIFYING YES IEM 18, PART 1 0	OUNTY OUNTY P4, 1 Irom the c 22c. DATE S	GS USED OF DEATH? NO STATE Tho We) lost ouses stated SIGNED

WILLIAM MINERALIN V. T.C.A. PELLEPA, IV.D. Contlors on 19. ____ contlors will see the

STATE OF MARYLAND

FOR - STATE

STATE OF MARYCAND CONTROL OF DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE	OI DEATH	REG. NO.		
DECEASED NAME FIRST	WIDDLE	LAST		26. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT) Gladys	E.	Stalnake	r	March 31, 1	1984	3:50p M
SEX	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
Female	Caucasian	2 0	6 OG	78	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8		9. BALTIMORE CITY OR CO		
West Virginia	United States	MARRIED LI NE	VER MARRIED 🔀	Alleghany		MD.
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER		120 USUAL OCCUPATION	12b. KIND C	OF BUSINESS OR
Cumberland	(IF NOT IN SUCH FACILITY, GIVE STR	Nursina	doulan	TYPE OF WORK FOR MOST OF WORK	(ING LIFE) INDUSTRY	0
JSUAL RESIDENCE (IF NURSING HOA	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEI	FORE ADMISSION)	Center	None	NOTE	<u>e</u>
	ounty 136 city or to		IDE CITY LIMITS?	13e. STREET ADDRESS 32 N. Lee S	theat 1	21502
Maryland All	cegang Icambera		HER'S MAIDEN NA		vieer 1	21302
FIRST Class to Read	Wade Staly	ahar	FIRST	MIDDLE	Rhu	baker
Charles Name of the Charles			RMANT	ADDRESS	blu	Duker
	S. GIVE WAR OR DATES)			a Adduatt tama	#12	h
	- 2140757		sie rouin	g-Address same		
PART I. DEATH WAS CA	user only one cause per line to (a), (b),	0 //- /	lat:		DETWEEN	ONSET AND DEATH
LISON	DIATE CAUSE (0)	an ragan	atenon	The state of the s	7100	14
1310	DUE TO, OR AS A CONSEC	A . Land	. (, 9	A : 44.73	12 40	ass
Conditions, if any, which gave rise to immediate		10 101 au	i synon	ANNE	100	A T
cause (a), stoting the underlying couse last	DUE TO, ORTAS A CONSEC	DUENCE OF A	15 Cala -	V _	Called	rang n
	(c)_EV&O	A HOLO	to 3 COM	<i>y</i> •	Chec	25);
PART OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 1	01
190, DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS P	FREORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDI	NGSTISED
DE THE DATE OF CITATION	The Condition of the	CITO ENATION WAS I	EM OMMED	_ INC	ERTIFYING CAUSES	OF DEATH?
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HC	W IN JURY OCCURE	YES NO RED (ENTER NATURE OF INJURY IN IT	YES DEPART 2	NO []
	FDEATH HOUR A.M. MONTH	DAY YEAR	The state of the s	TEO TENTER MANDE OF MADRIC HAND		
(IF EITHER NOTIFY MEDICAL EXAM	AINER) P.M. 21e. PLACE OF INJURY	19	CATION			
WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFI		STREET	CITY OR TOWN	COUNTY	STATE
		0.96	23	3-31-	04	
276. I certify that (I) (this h	ospital) attended the deceased from	(In	(my) (our) aninion	death occurred an the date an		that (I) (we) lost
above, (1) (we) (did) (di	d pat) view the body after death.		(my) (out) aprilion i	death occorred an the date an		
226. SIGNATURE	ahola	DEGREE	ATTENDING	MEDICAL STAFF	22c. DATE	1-198
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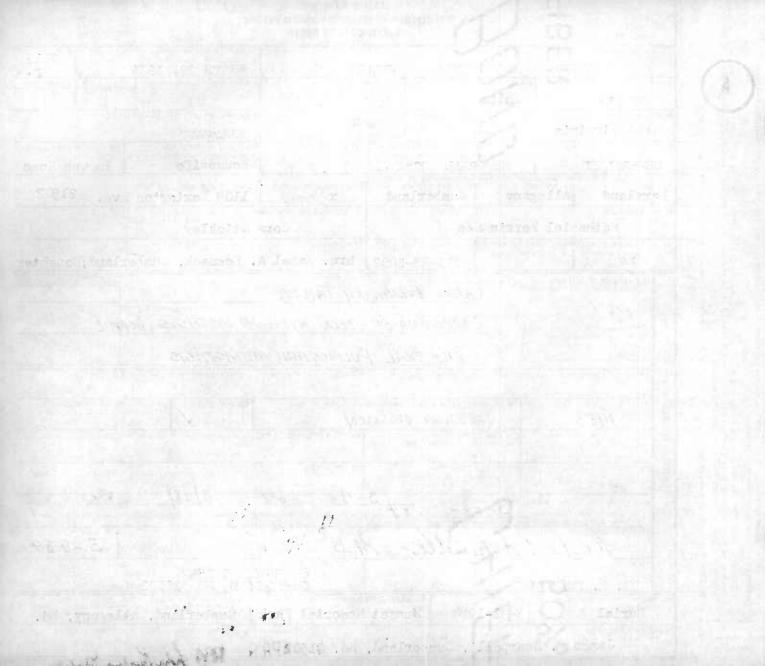
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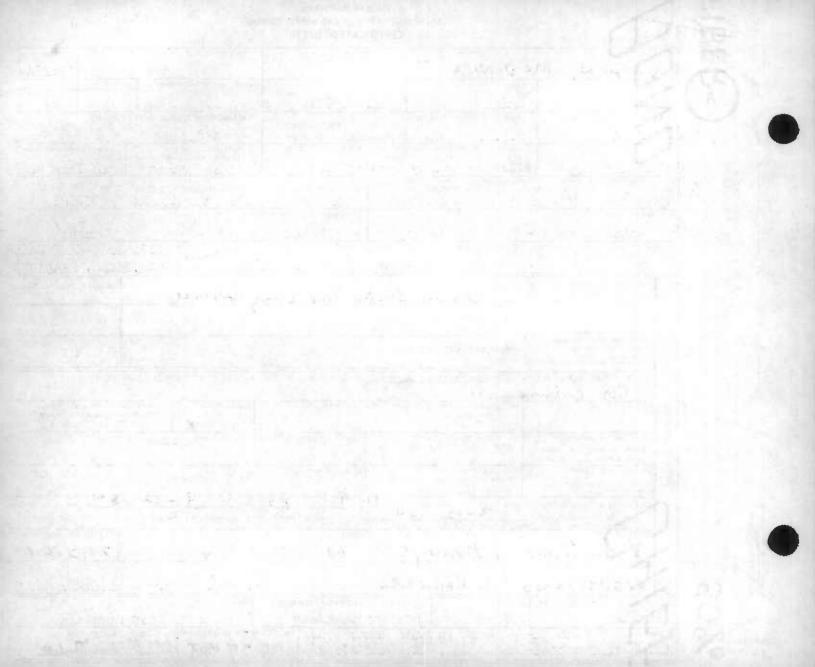
5	1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 5 9 9 2	
m=		CEASED NAME FIRS	11.15	LAST	20. DATE OF DEATH MONTH DA	
ay be age 3 death				TRACY		84 0930AMm
ge 4 mo ectar, p	3. SE	FEMALE	CAUSC,	5. DATE OF BIRTH MONTH DAY YEAR 07 08 90	inc	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
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offer of with		CUMBERLAND	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE RESIDENT OF	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) ALLEG COUNTY NURS ((TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY Housewife
AND 21201 n 24 haurs of filled in by novid be file	130.	MD A	OME OR OTHER WITH AND GOVERNMENTE COUNTY 13c. CITY OR LLEGANY CUME	ERLAND YES NO	219 Springdal	e St. 1502
MARYLAND MARYLAND REG othin 24 Code should contribe from	14 F/	THER'S NAME Robert P	Beatty		Mary E. Fraley	LAST
BALTIMORE, cate be mount spees. Proof.	160 \	VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF YI NO		SECURITY NO. 17 INFORMANT 4-1179 THE MEM	ADDRESS ORIAL HOSPITAL-MEMO	RIAL AVENUE
DS, 201 W. PRESTON ST. Juires that the death certification by the attending pren please remove carbon to burial, cremation, or remiury, or other traumatic every, or other traumatic every.	Z	Canditions, if any, whi gave rise to immedia cause (a), stating t underlying cause la	DUE TO, OR AS A CONS	EQUENCE OF	many Heart Chises TERMINAL DISEASE OR CONDITION GIVE	
DIVISION OF VITAL RECORDS NG PHYSICIAN. The law requirateding physician. After this certificate has been signs the buriot-transit permit. There is not make the ond Mental Hygiene prior to the ord Mental Hygiene prior to the order or them AB shows any injury orked or them AB shows any injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
A OF VITA SICIAN. T ng physicia certificate rial-transi tem JB sh		210 ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PAF	RT 1 OR PART 2}
DIVISION ING PHYSI Catter this ce as the buri th and Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
TTENDER or TTOR: A for use of Heol		saw the deceased ali	hospital) attended the deceased five an 3 - 21 did not view the body after death.		inion death accurred on the date and haur	9 5 7, that (I) (we) last and from the causes stated
Al OR A the hos Al DIREC letoched orte Dept.		22b. SIGNATURE	ino J. Demero	DEGREE ATTENDI	NG MEDICAL STAFF AN ☐ DIRECTOR ☑ PHYSICIAN ☐	3-21-8F
TO HOSPITAL Cretained by the TO FuveReal Crownth the State E with the State E MADORIANT. If		ROBUSTIAN	10	LA JR 22e ADDRESS		
0 5 5 4 3 8	23a.	BURIAL, CREMATION, REM		23c NAME OF CEMETERY OR CREMATE	ORY 23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	3-23-1984	Hillcrest Burial	Park Cumberland.	Allegany, Md.
DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR	Scarpolli Apore	SS howland Nd Ol COSta	DATE REC'D. BY REGISTRARDSI. REGISTR	AR'S STONATURE

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(VRA 15, 4)

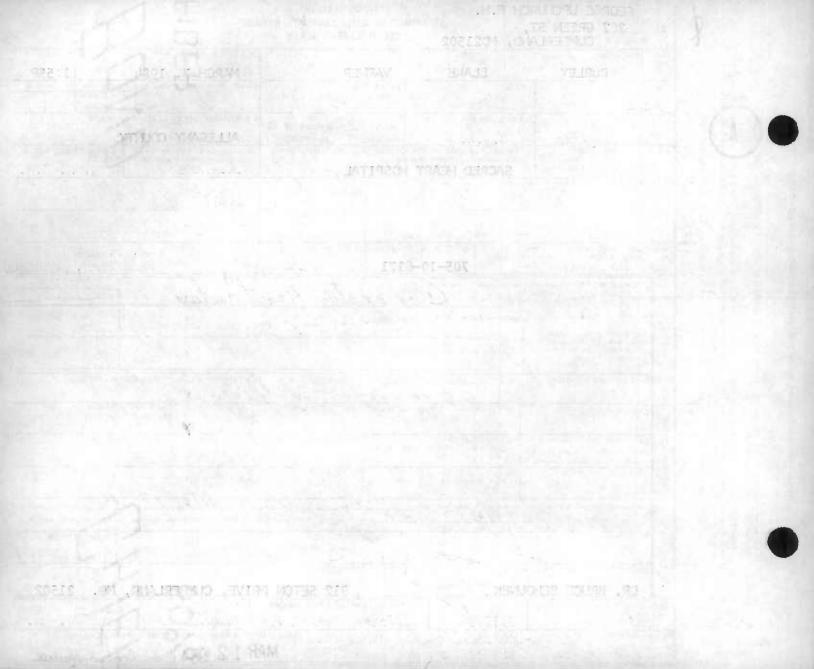
STATE OF MARYLAND

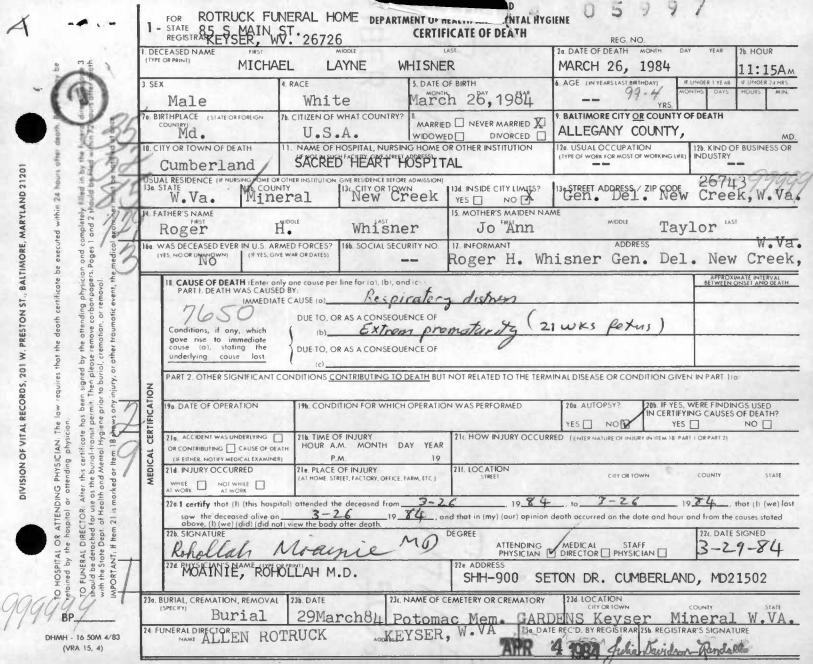




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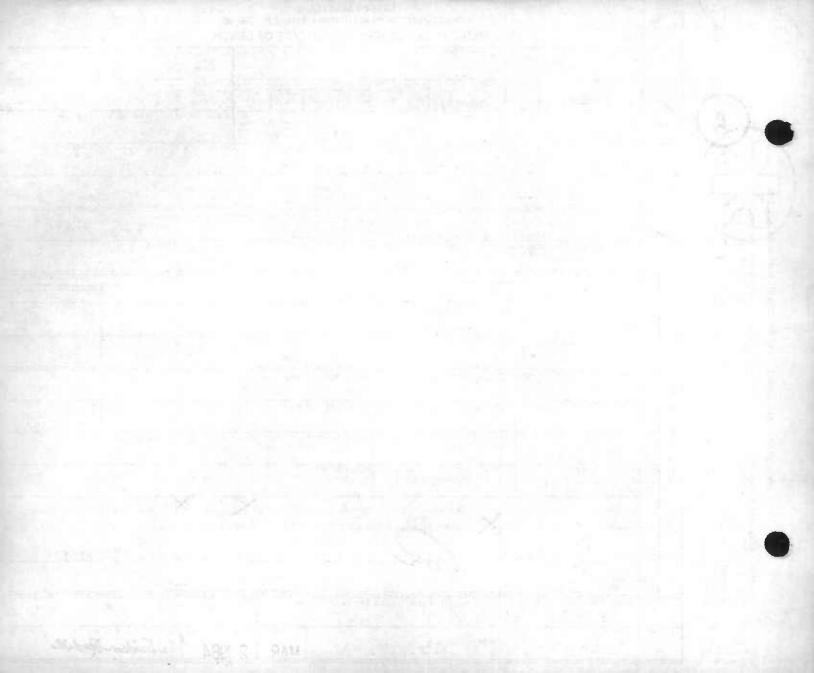
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may ter d	3. SEX		4 RACE	N I	5. DATE OF B	IRTH	6 AGE (IN YEARS LA	T BIRTHDAY]	FUNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
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1 WY		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHA	AT COUNTRY?	0	NEVER MARRIED 🛣	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
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s of	10 CI	ty or town of death umberland	(IF NOT IN SUCH FAC	PITAL, NURSING CILITY, GIVE STREET AI HEART H	DDRESS)	OTHER INSTITUTION	(TYPE OF WORK FOR MI R.RTro	OST OF WORKING LIFE	INDUSTRY	F BUSINESS OF
filled in	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136, COUNTY ALLO	OTHER INSTITUTION GIVE	RESIDENCE BEFORE A CITY OR TOWN Cumberla	ADMISSION)	I. INSIDE CITY LIMITS?	13e.STREET ADDRE	ss/zipcode	Avenue	502
E 6 N / 1	14. FA	THER'S NAME	MIDDLE	LAST	15	MOTHER'S MAIDEN NA			IAS	F. 11 - F. 2
and and		David		Varner		Delphia	-		Johns	on
and co		AS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECUR		INFORMANT			3, Box	
be exec		No		05-10-6	171 M	artha Lashle	.y	From		Marylo MATE INTERVAL DINSET AND DEATH
w requires that been signed by mit. Then please prior to burial, c	CERTIFICATION	PART 2 OTHER SIGNIFICANT (How	Usin	OT RELATED TO THE TERM ACT VAS PERFORMED	DISEASE OR COLORS	20b. IF YES,	WERE FINDIN	IGS USED
Sone lo	TIFIC						YES NO	_	ING CAUSES	NO [
1 0 4 0	B	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M.			16 HOW INJURY OCCUR	ED (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT I OR PART 2)	
g physicic g physicic enthcote ital-transit notal Hygie fem 18 sh		(IF EITHER, NOTIFY MEDICAL EXAMINE								
uG PHYSICIAN: The attending physicic after this certificate is the burial-transit and Amad Amad Hygist trked at Item 18 sh	MEDICAL		21e. PLACE OF I	NJURY FACTORY, OFFICE, FA	2	II LOCATION STREET	CITY	OR YOWN	COUNTY	STATE
TTENDING PHYSICIA piptol ar attending pl TTENDING After this certifier use as the burial; for use as the burial; af Health and Mental 21 is marked at Item		(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	21e. PLACE OF I (AT HOME, STREET, I	eceased from	RM, ETC }	hat in (my) (our) opinion		M 7_1	9 d , 1	that (I) (we) lo
OR ATTENDING PHYSICIA baspatal ar attending planes of the far use of the burial teat of Health and Mental teat of Health and Mental teat I is marked at them		(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHIE NOT WHIE AT WORK AT WORK 22e.1 certify that (1) (this hasp	21e. PLACE OF I (AT HOME, STREET, I tal) attended in de	eceased from	RM, ETC }	, 19 8 hot in (my) (our) apinion GREE		ne date and hour	984	that (I) (we) los
O HOSPITAL OR ATTENDING PHYSICIA stoined by the haspital ar attending place of the place of the property of th	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHIE NOT WHIE AT WORK 22a.1 certify that (I) (this hasp saw the deceased alive an obove, (I) (we) (did) (did no 22b. SIGNATURE	21e. PLACE OF I (AT HOME, STREET, I (tal) attended in the attended in the dear	FACTORY, OFFICE, FA	RM, ETC.) 21	hat in (my) (our) opinion GREE ATTENDING PHYSICIAN	death accurred an the	ne date and hour	and from the o	that (I) (we) los



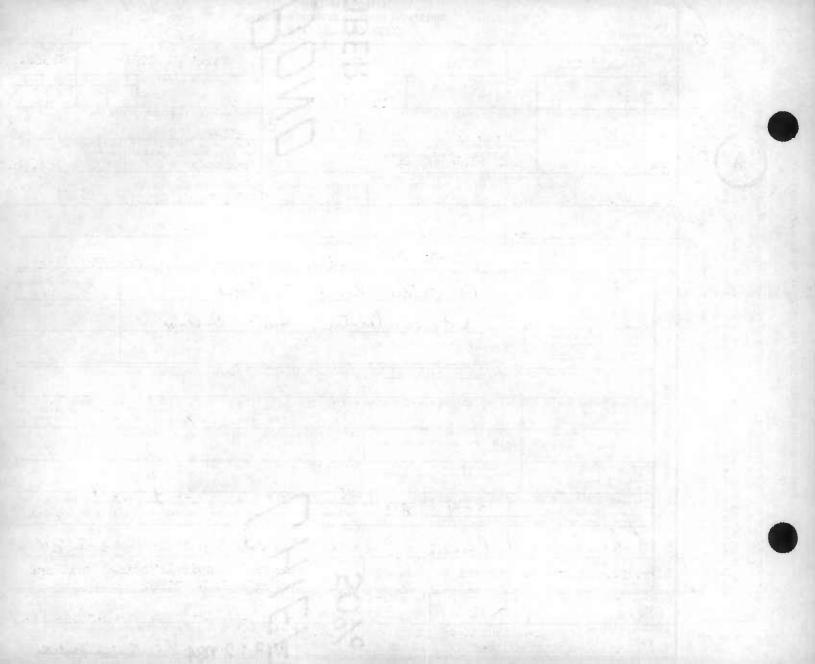


SOTRESS IN TIERAL LYCHE CONTROL OF THE STATE 1001 36 4000 MICHAEL TAME WHISH W-7:55 - Late The West of the Market State of the S INTEREST THEM CHARACT DIVERTED TO r.va. sinerel lies Oreak = (Gen. 121. 121. te. Cros., h.ve. TOROT IN THE OU TOROT IN TOROT . Nety use . Est . Ten Tensing . H Tamoh --and the second of the second Brieflet Alexande not 18 29-84 . The largest assess a count of open of the local talents. VIII CAR TASK

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3.	SEX	4 RA		5. DATE OF BIRTH	6. AGI	(IN YEARS IF	UNDER 1 YR. IF	UNDER 24 H		TE	MONTH	DAY YEAR	2d. HC
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2 10	. CIT	Y OR TOWN OF D	EATH	11. NAME OF HOS	PITAL, NURSING	HOME, OR C	THER INSTITUTION	ON 120.		UPATION (TY	PE OF WORK	12b. KIND OF BU OR INDUST	ISINESS
6		'ROS TBURG		104 Walni	at Stree	t Fro	stburg,	MD F	ETIREI			SALESMA	
U:	SUAI Ba. ST	RESIDENCE (IF IN P	13b. COUNT	R OTHER INSTITUTION, GIV	13c. CITY OR TO	DMISSION)	13d. INSIDE CITY	LIMITS? 113e.	STREET ADD	RESS		OIC	50
		RYLAND	ALLEC		FROSTB		parties.			NUT ST	REET	A150	Daniel
11/1	I. FA	THER'S NAME		MIDDLE	LAST	11.4	15. MOTHER'	S MAIDEN N		MIDDLE		LAST	
1		RL		SER	WHITE		GRAC	Œ			ВО	ORE	
16	a. W	AS DECEASED EVE 5, NO, OR UNKNOWN)	R IN U.S. ARM	NED FORCES? VAR OR DATES)	16b. SOCIAL SE	CURITY NO.	17. INFORMA	NT		ADDRES	S		
L	YE	S	WWII		214-07-	1662	DAVID	WHITE	(SON)	RIDGE	LEY,	WV	
		PART I DEATH	ATH (Enter only	y one couse per line	for (a), (b), and (a).)						APPROXIMAT BETWEEN ONSE	INTERVAL
41		FARTIDEATH	IMMEDIAT	E CAUSE (o) CA	RDIO-PULI	MONARY	ARREST					SUDDE	
IL, CREMATION, OR REMOVAL.		5/19	1	DUE TO, OR	AS A CONSEQUE	NCE OF							
-		Conditions, if	immediate	(b)_CHI	RONIC LI	VER DI	SEASE						
T		couse (a) statir lying couse los		DUE TO, OR	AS A CONSEQUE	NCE OF							
				(c)									
		PART 2 OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO DEATH E	BUT NOT RELATED TO T	HE TERMINAL DIS	EASE OR CONDITION G	IVEN IN PART 1 to)).				
4	CERTIFICATION	190. DATE OF OPER	RATION	19h CONDIT	ION FOR WHICH	OPERATION	WASPERFORMI	FD?				20 AUTOPSY	
4	FIC				ioi vi ok vi iici	OT CHATTON	WASTERI ORM						_
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR TO DATE OF DEATH MONTH 7h HOUR L DECEASED NAME TYPE OR PRINTS March 4, 1984 8:35a. WHITEHAIR **EDNA** ODA AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH MONTHS DAYS YEAR White Female. 1890 10 16 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED XX West Virginia WIDOWED DIVORCED [ALLEGANY I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR LIMPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY MEMORTAL HOSPITAL Operator P Tel. Co. CHIMBERT AND ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 2624 Randolph NO 302 Davis Stree West Va. Elkins 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Whitehair Isaiah Mary Smith 60 WAS DECEASED EVER IN U.S. ARMED FORCES 66 SOCIAL SECURITY NO 17 INFORMANT HE YES GIVE WAR OR DATEST 233-10-1166 ucille Currence - Elkins, West Virginia No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (FINTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the decgased from, sow the deceased alive on. and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated nhave_(II) (we) (did nat) view the body after death 775 ATCNATURE DEGREE 22c. DATE SIGNED PHYSICIAN X DIRECTOR PHYSICIAN 22e ADDRESS 226 PHYSICIAN'S NAME (TYPE OR PRINT Memorial Hospital Medical Building r. Robustiano J./Barrera Cumberland, MD 21502 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION, REMOVAL Burial 3/7/84 Maplewood Cemetery Elkins-Randolph Co.-West Va. FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A. 202 Greene Street-Cumberland, Maryland 21502 DHMH - 16 50M 4/83 (VRA 15, 4)



Durst Funeral Home, Frestburg, Md.

FOR - STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

126. KIND OF BUSINESS OR

Coal Mines

NO [

STATE

YES [

Julia Davidson Randelle

COUNTY

22c. DATE SIGNED

8:30

IF UNDER 24 HRS

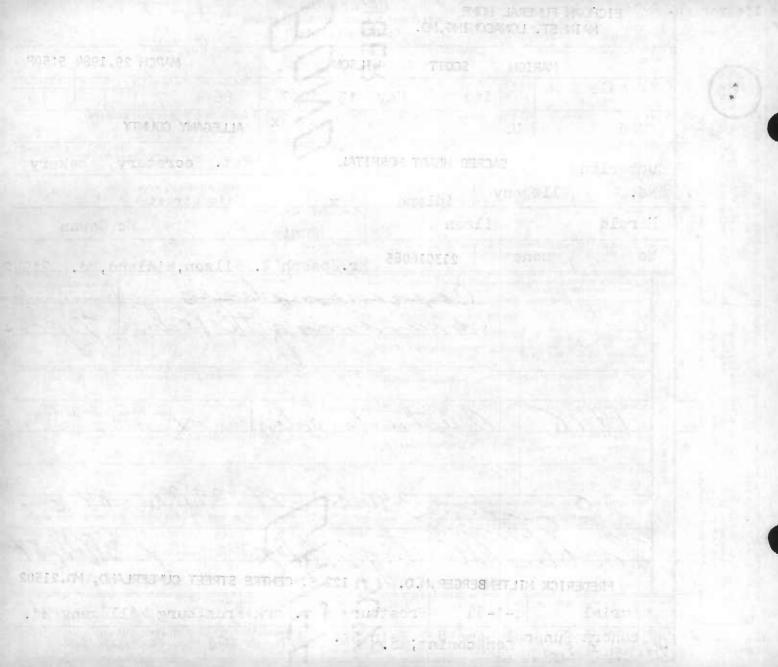
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IF UNDER 1 YEAR

INDUSTRY

buolypul tonia, figot - comin Willson Hischelle Hoshidge Mrs. Sandy sporer, Frestburg, Ma. Burial Mar. 11, 1981 Frontoner Not. Prouther, Aller, Md. Direct sumerel Bone, Programme, Md.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	DE		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.		
	DECEASED NAME FIRST	MIDDLE	LA	ST	20. DATE OF DEATH MONT	H DAY YEAR	2b. HOUR
(1	Pearl		Wilso	ın	3/29/84		4:15a M
3 .	SEX COLUMN	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY		
1	female	white	MONTH 8	26 00 YEAR		YRS. MONTHS DAYS	HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIED WIDOWEI	NEVER MARRIED	Allegany (MD.
10	Frostburg, MD	11. NAME OF HOSPITAL, N (16 NOT IN SUCH FACILITY, GN Frostburg	VE STREET ADDRESS)		HOUSE WIFE	12b. KIND C	OF BUSINESS OR
US 13	UAL RESIDENCE (IF NURSING HOME). STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE	CE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS?	134. STREET ADDRESS I KAYLOR CIR	CLE 215	32
14.	FATHER'S NAME ROBER'T	MIDDLE STARK	ÈY	15. MOTHER'S MAIDEN NA ELLA	WE	KEPLING	ĖR
160	(YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	07 2725	17. INFORMANT JO ANN SCHRAM	ADDRESS M BARTON, MD.		XIMATÉ INTERVAL L'ONSET AND DEATH
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	OR COLUMNIA IN CALLER OF	DEATH HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN)	IEM 18 PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	saw the deceased alive	spital) attended the deceased on 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1984 on	that in (my) (our) opinion	death occurred on the date o		. that (1) (we) last e causes stated
	22b. SIGNATURE	Sew dlm	· no		MEDICAL STAFF DIRECTOR PHYSICIAN	3/2	\$184
	Dr. S. L.			48 Tarn Ter	race, Frostbu	urg, Md 2	1532
23	BURIAL, CREMATION, REMOVE (SPECIFY)BURIAL	4/1/84		EMETERY OR CREMATORY EMORIAL PARK	23d. LOCATION CUMBERLAND	ALLEGANY	MD. STATE
24	BOALS FUNERAL	SERVICE, P.A.	ESTERNPO	RT, MB. APR	REC'D. BY REGISTRAR 15h.	REGISTRAR'S SIGNA	TURE

DHMH - 16 50M 4/B2 (VRA 15, 4)

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d 2 should be	130 S	ARYLAND ALL	PROTHER INSTITUTION, GIVE RESIDENCE BEF NTY 13t CITY OR TO EGANY EM LAV	WN	13d. INSIDE CITY LIMITS? YES NO	7 Glenvie	w Drive	21502
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should be deto with the State I		22d. PHYSICIAN'S NAME (TYPE	A. Ranjithan	MD.	Memoral 1	100	um berland,	MD21502
-	(:	BURIAL, CREMATION, REMOVAL SPECIFY) Removal	3/22/84 23	c. NAME OF C	EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
6 50M 1/76 (15 (4))	24. FU	JNERAL DIRECTOR NAME Anatomy	v Board	Balto.	. Md. 250. DA	R 2 3 1984	sh registrar's sign	jandell.

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